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ABSTRACT

Intended as a guide for the design and implementation of parent-infant programs for the hearing impaired, the volume provides suggestions and sample materials from the program in Prince George's County, Maryland. Included in the guidelines for assessment of local need and identification of hearing impaired infants in the community are sample letters, news releases, and questionnaires. Important considerations for physical facilities are listed, and a facility analysis and a suggested floor plan are provided. Suggestions for the selection of personnel and in-service training are given. The sections on information gathering and diagnostic processing include sample letters, forms, and data recording sheets. Suggestions for audiological management provide information on counseling and hearing aid maintenance with sample forms and worksheets. Lists from which to select appropriate children's books, toys, and other learning materials are provided. Suggested activities for parent-child sessions include an outline for home demonstration, home activity assigments for parents (with sample activity sheets), and worksheets for parents and counselors. Sample formats are provided for discussion sessions and workshops for parents including evaluation forms for parents and staff personnel. A bibliography of approximately 70 selected readings is appended. (IM)

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Parent-Infant Program for the Hearing Impaired:

A RESOURCE GUIDE

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Introduction

Recent studies in the field of child development have emphasized that the child's first few years of life are crucial for the acquisition of language and for cognitive and affective development. For children who have normal hearing, language development is a seemingly effortless process. For hearing impaired children, however, this process does not occur without appropriate early educational intervention. Recognizing the relationship which this has to educational achievement, public school systems have recently begun to provide for early identification and intervention through appropriate parent-centered programming.

The Maryland State Department of Education has encouraged such endeavors by local education authorities through financial assistance during the initial years of Parent-Infant Programs. The Parent-Infant Program for the Hearing Impaired in Prince George's County, funded by the Maryland State Department of Education through State Aid funds for the Handicapped, began in September 1973, and the work of this staff in the administrative and educational implementation of the project has culminated in the procedures, suggestions, and organizational framework presented in this *Guide*. The *Guide* was prepared under a grant awarded by the Maryland State Department of Education utilizing FY 74 funds appropriated under PL 91-230, Title VI-Part B, Education of the Handicapped Act.

It is the intent of the *Guide* to facilitate the early tasks involved in initiating and designing a Parent-Infant Program. The information contained herein is not intended as an end in itself, but rather as a starting point for other professionals to adapt, enrich, or expand as they see fit. It is hoped that the *Guide* will be adaptable to a variety of specific situations, needs, philosophies, and methodologies for use with hearing impaired infants and their parents.

Assessment of Need

The first step in the development of a Parent-Infant Program is to discover if there is an actual local need for this type of service. The approximate number of hearing impaired children, ages birth to three years, who reside in the community or county should be determined. This may be done by projecting downward from the already existing population of children known to have a significant enough hearing loss to warrant their placement in special classes in or out of the county. The Pupil Accounting Offices of school systems might share their formulas for estimating school populations based on local growth trends. Another source of information is the Office of Demographic Studies at Gallaudet College, Washington, D.C. 20002. This office provides statistical data based on information contained in two studies: (1) The National Census of Deaf People (conducted by the National Association of the Deaf); and (2) The National Center for Health Statistics (conducted under the auspices of the Public Health Department of the Department of Health, Education, and Welfare). Be sure to specify the following information in making requests:

1. purpose of request
2. age range
3. degree of hearing loss
4. geographical area
5. other concerns (for example, number of multiply handicapped children expected to be among the population).

Once the approximate number of hearing impaired children has been determined, it is necessary to know what agencies, if any, serve these children in the community. A human services directory, listing all the agencies in the area and describing their functions, might be of great help in this venture. The United Fund or school system may have access to this guide or may have another list of social service agencies in the area. Other organizations to contact for this information would be such groups as the Regional County Planning Board, Chamber of Commerce, Planning Council for Social Services, and the Volunteer Bureau. In addition, the *American Annals of the Deaf* publishes an annual directory of programs and services for the deaf in the United States. A request for this directory should be addressed to the *American Annals of the Deaf*, 5034 Wisconsin Avenue, N.W., Washington, D.C. 20016.

When agencies serving the hearing handicapped in the area have been located, a letter and questionnaire, such as the ones that follow in this section, might be sent to those that are appropriate. If personal contact is desired, a telephone call and visit might be arranged, using the questionnaire as the basis for discussion. Since it is possible that contact with the agencies may be continued in the future, personal contact at this time is an excellent foundation for public relations.

When the questionnaires have been returned and the conferences completed, the information should be analyzed to determine if a Parent-Infant Program is needed.

Once a definite local need for a Parent-Infant Program has been established, names of specific children in the community needing this service *must* be obtained. It is possible that these names may already have been received from contact with personnel from local agencies. If more names of children are needed, contact with such places as local health clinics or child care centers may be helpful. Having determined the need for a Parent-Infant Program and the names of children to enroll, the Director of Special Education in the community should contact the Specialist in Communication Disorders (or other appropriate administrator) at the State Department of Education for suggestions regarding program development.

Prince George's County Public Schools

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Suggested Letter to Agencies Serving Hearing Impaired Children

Dear _____:

We are presently considering the establishment of a Parent-Infant Program for the Hearing Impaired ages 0-3 in _____ (name of county) and would greatly appreciate your help.

Your organization (agency) has been listed among those that serve the hearing impaired and we wonder if you might answer the attached brief questionnaire. In addition, we would like to meet with you personally if time permits. Any information you are able to give us will be of immeasurable help, and we look forward to hearing from you soon.

Sincerely yours,

SAMPLE QUESTIONNAIRE to Agencies Serving Hearing Impaired Children

1. Name of Agency _____

2. Address _____

_____

3. Telephone _____

4. Number of hearing impaired children served under the age of three whose families reside _____
(name of county) (number)

5. Specific services provided _____

_____

6. Eligibility:

Income level requirement (if any) _____

Degree of hearing impairment _____

Multiple handicaps _____

Others _____

7. Hours services provided _____

8. Time of year offered _____

9. Times per week child seen _____

10. Type of family service provided _____

_____

11. Admissions procedure _____

_____

12. Fees or other costs to families _____

13. Additional comments _____

_____

_____

_____

_____

Identification

An extensive, ongoing outreach program is essential in order to obtain the earliest possible identification of hearing impaired children. Included in this section are examples of a brochure, letters of introduction, memoranda, press releases, and radio and TV scripts which could be adapted for dissemination to appropriate professionals, agencies, and media. A list of professionals, agencies, and media to which program announcements might be sent and to whom invitations to special workshops might be extended follows:

Community Services

- Community centers
- Crippled Children Services
- Day care and nursery centers
- Departments of speech and hearing in local universities
- Libraries
- Local news media
- Orphanages

Educational Personnel

- Head Start supervisors
- School principals
- Special education resource personnel
- Speech and hearing pathologists

Medical Personnel and Agencies

- Community health departments and clinics
- Hearing and speech centers
- Hospitals (i.e. Administrator; ENT clinic; well-baby clinic; departments of speech and hearing, psychology, neurology and physical medicine)
- Otolaryngologists (Contact the local medical society for listings.)
- Pediatricians (Contact the local medical society for listings.)
- Vision and hearing technicians

If a public school publicity or public relations department is available, the staff of this department might be able to help in the preparation and distribution of this material.

Parent-Infant Program for the Hearing Impaired

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

(301) 773-4551

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

Dear Colleague,

The enclosed brochure describes the new Parent-Infant Program for the Hearing Impaired (birth to 3 years) which is located at:

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

Phone: 773-4551

We hope this brochure will be of interest to you. If additional information is desired, please feel free to contact us.

Sincerely yours,

Parent-Infant Program

Enclosure

PARENT-INFANT PROGRAM *(BIRTH TO 3 YEARS)*

Available Services

- Audiological Management
- Developmental Evaluations
- Parent-Child Sessions
- Home Demonstration Visits
- Parent Counseling
- Family Discussion Series
- Integrated Hearing/ Hearing Impaired Nursery
- Lending Library

Parent-Child Sessions

During the first 3 years of life, the normally hearing child develops speech and forms most of the basic language concepts. The infant with a hearing impairment is at a profound disadvantage unless proper amplification and appropriate auditory, speech, and language stimulation are provided. The parent, with the guidance of the teacher, learns the best ways to provide this stimulation in every-day activities with the child. Parent-Child Sessions are usually held twice a week either in the child's own home or in the program's demonstration room. Primary emphasis is on parent guidance and education. Video tapes are used for parents' self-evaluation.

Family Discussion Series

Evening meetings are held once a month for parents and other family members. Parents have the opportunity to learn from each other as well as from staff members and invited consultants. Programs are arranged according to parents expressed interests. Topics may include:

—**Hearing Impairment:**
What is a hearing loss?
What does an audiogram tell us?
How does a hearing aid help language and speech?

—**Child Management:**
What should I expect of my child?

—**Speech and Language:**
How does speech develop?
How can we be good language models?

—**Auditory Training:**
"I heard that!"

—**Parents: The Child's First Teachers**
What can we do at home?

—**Feelings and Attitudes:**
How do I feel about my child?
What do other people think?

Does My Baby Hear? . . .

UNDER 4 MONTHS
Does he exhibit a startle to loud sound without vibratory or visual clues?

AT 4 MONTHS
Does he turn his head or eyes toward sounds out of his field of vision?

AT 6 MONTHS
Does he seem aware of the speech of others?
Does he seem to talk and babble in response to the speech and sounds of others?

AT 9 MONTHS
Does he turn directly or quickly to an interesting soft sound?

At 12 MONTHS
Does he point to or find familiar objects or people when he is asked to?

AT 24 MONTHS
Does he follow simple verbal commands without gestures or situational clues?

If you have answered NO to any of these questions at the present age level of your child, his hearing should be evaluated by an audiologist.

Parent-Infant Program

- **Location:** John Carroll Elementary School
  1400 Nalley Terrace
  Landover, Maryland 20785
- **Phone:** (301) 773-4551 or 773-0707
- **Staff:**
  Ruth D. Treanor, Ed. D. *Project Director*
  Wayne L. Johnson, M.E.D. Prof. Dpl. *Administrative Coordinator, Counselor, Teacher*
  Judith A. Mandell, M.A. *Educational Coordinator, Counselor, Diagnostician*
  Heidi Kershner, M.A. *Audiologist*
  Lenora Bowman, M.A. *Nursery Teacher*
  Jovette Hall, *Teacher Aide*

Program funded by
Maryland State Department of Education

Parent-Infant Program for the Hearing Impaired
John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
Upper Marlboro, Maryland 20870

Special Education
Speech and Hearing Program

PARENT-INFANT PROGRAM for the Hearing Impaired

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Does Your Baby Hear? . . .

Prince George's County Public Schools, as part of its Speech and Hearing Programs, offers a Parent-Infant Program for very young hearing impaired children and their families. The program focuses on the infant's home environment and everyday activities, guiding the parents in stimulating speech and language development in their child. An interdisciplinary professional staff, including audiologist, diagnostician, teacher of the hearing impaired, and parent counselor, serves the child and his family.

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Prince George's County Public Schools

UPPER MARLBORO, MARYLAND 20870 • TELEPHONE 301 627-4800

MEMORANDUM

To: Elementary School Principals

From: Dr. Ruth D. Treanor
Supervisor of Speech and Hearing

Re: Parent-Infant Program for the Hearing Impaired

The enclosed brochure describes the new Parent-Infant Program for the Hearing Impaired (birth to 3 years) which is now located at:

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

Phone: 773-4551

I would appreciate your sharing this information with your staff and parent groups so that very young hearing impaired children can be properly identified during these early critical years.

Approved by: _____
Dr. Robert J. Shockley
Assistant Superintendent
Instruction and Pupil Services

Enclosure

Prince George's County Public Schools
UPPER MARLBORO, MARYLAND 20870 • TELEPHONE 301 627-4800

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

MEMORANDUM

To: Speech and Hearing Program Staff
Vision and Hearing Technicians
Special Education Resource Personnel

From: Dr. Ruth D. Treanor
Supervisor Speech and Hearing

Re: Parent-Infant Program for the Hearing Impaired

The enclosed brochure describes the new Parent-Infant Program for the Hearing Impaired (birth to 3 years) which is now located at

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

Phone: 773-4551

I would appreciate your sharing this information with any parents of young children so that very young hearing impaired children can be properly identified during these early critical years.

Enclosure

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SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

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NEWS RELEASE

FOR INFORMATION CONTACT:

Judith Mandell
773-4551

NEW PROGRAM FOR DEAF INFANTS IN PRINCE GEORGE'S COUNTY

As part of its Speech and Hearing Program, Prince George's County Public Schools have started a Parent-Infant Program for very young hearing impaired children and their families.

The program serves infants from birth to three years of age and helps parents stimulate speech and language development in their deaf child during these critical years, according to Dr. Ruth Treanor, Project Director.

This is the first such program in Prince George's County; Montgomery County began a similar project last year. Programs for deaf infants also exist at Children's Hearing and Speech Center and at Gallaudet Preschool, Washington, D.C. Prince George's County is one of the few public school systems offering services below the preschool level.

Audiological and diagnostic services are provided by a professional staff, and the home demonstration visits are conducted by a trained teacher of the deaf. Monthly meetings for parents and other family members provide the opportunity for discussion with various specialists on such topics as deafness, auditory training, and parental attitudes and feelings.

For information or appointment, phone 773-4551.

Prince George's County Public Schools
UPPER MARLBORO, MARYLAND 20870 • TELEPHONE 301 627-4800

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

RADIO ANNOUNCEMENT

HOW WELL DOES YOUR BABY HEAR?

The Prince George's County Public Schools offers a program for young hearing impaired children and their families. The program offers audiological, diagnostic, and home teaching services for infants, birth to 3 years, and helps parents encourage speech and language development in their child.

If you suspect that your baby or any baby you know has hearing loss, please phone 773-4551.

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

Parent-Infant Program for the Hearing Impaired

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

(301) 773-4551

Date:

News Desk
WMAL TV Channel 7
4461 Connecticut Avenue, N.W.
Washington, D.C. 20008

From: Judith Mandell, Educational Coordinator

Re: TV Coverage

Enclosed is a news release prepared by our staff and a slide which could be used to accompany a public service announcement. We would appreciate any coverage you could give us so that families with hearing impaired infants will become aware of our program and seek help for their infants during these early critical years. An interpreter for sign language can be provided.

We hope to hear from you soon.

Speech and Hearing Program Special Education
Prince George's County Public Schools

Recording Referral Data

In order to evaluate the effectiveness of the identification campaign and to plan identification procedures for the following year, it might be useful to record relevant statistical data as follows:[1]

SUMMARY OF REFERRALS

Name of Agency	Date Publicity Material Sent	Number of Referrals	Age of Children Referred	Follow-up

P.I. #30-75

[1]*Some of this information may be excerpted from the Infant Data form which is included in the* Information Gathering *section.*

Community Education and Coordination

As part of the identification process, educational programs and in-service workshops should be made available to community health, education, and welfare personnel so that these professionals will become more interested in and knowledgeable about hearing impairment. This can ultimately help in the identification of more infants as well as contribute to better public relations within the community. Possible program topics include: hearing loss and its implications, techniques for detection of hearing loss, the importance of early identification, and services available to the hearing impaired.

Close cooperation and coordination with the referring community agencies and professionals are essential for the maintenance of good working relationships. Often these individuals provide continued services to the infants and their families, and if kept informed of the progress, problems, and needs of the family members, will be able to provide more appropriate follow-up care.

As the teachers and counselors within a Parent-Infant Program become better acquainted with the families and become more aware of the families' specific needs and problems, additional referrals may be indicated. Outside agencies may be contacted for counseling, diagnosis, physical therapy, or nursery placement. An open, positive, sharing atmosphere will help insure that all professionals feel a part of the team working for the infants and their families. Phone calls, personal visits, progress reports and invitations to visit the Parent-Infant Program in operation and special in-service workshops will provide opportunity for increased information about the total habilitative process. In addition, the exposure these individuals will receive by personal contact with the program may serve to further aid in the identification and referral of hearing impaired infants not yet detected.

Physical Facilities

The selection of an appropriate learning environment for both parents and infants is an important early step in the implementation of a Parent-Infant Program. The following factors need to be considered in the selection of the site:

1. location—either central or in an area of high population density;
2. type of setting desired—separate home or remodeled classroom within public school setting;
3. availability of special service agencies and/or resource personnel;
4. the acoustical properties of the building and rooms; and
5. the potential conversion to a home-like setting.

An atmosphere in which successful interaction between parent and child can be promoted is an essential priority. Operating on the premise that maximum learning and confidence-building occur when the environment is familiar, comfortable, and appropriately designed for the kinds of experiences to be carried out, it becomes apparent that initially the child's own home is the best setting. When other facilities are used, parents and children need an environment that is similar to their own if they are to be expected to transfer the demonstrated teaching techniques to their own homes and their own daily activities.

Housing a Parent-Infant Program in a public school setting is important when considering concepts such as integration, mainstreaming, use of resource personnel and materials, and continuity of programming.

A classroom or other such space can be converted into a demonstration home to include areas for a living/dining room, kitchen, bedroom, bathroom, and, ideally, an observation booth. Depending on the available facilities, the budget, and the size of the program, a less elaborate setting might provide the same cheery and inviting environment without major modifications of existing space.

The following procedures may be helpful in the *procurement of a facility* in which to house the Program's office and demonstration apartment:

1. Contact the appropriate administrator or supervisor of the area in which you would like to house the Parent-Infant Program. This person would most likely have: (a) information regarding any unused classrooms, conference and planning rooms, teachers' lounges, and offices; (b) knowledge of principals in the area who would be most receptive to housing a Parent-Infant Program; and (c) knowledge of special programs, equipment, and facilities in each school in that area.
2. Make a list of facilities to be considered.
3. Contact the appropriate persons and arrange for site visitations.
4. Record impressions.
5. Choose the facility.
6. Take appropriate follow-up action regarding all facilities.

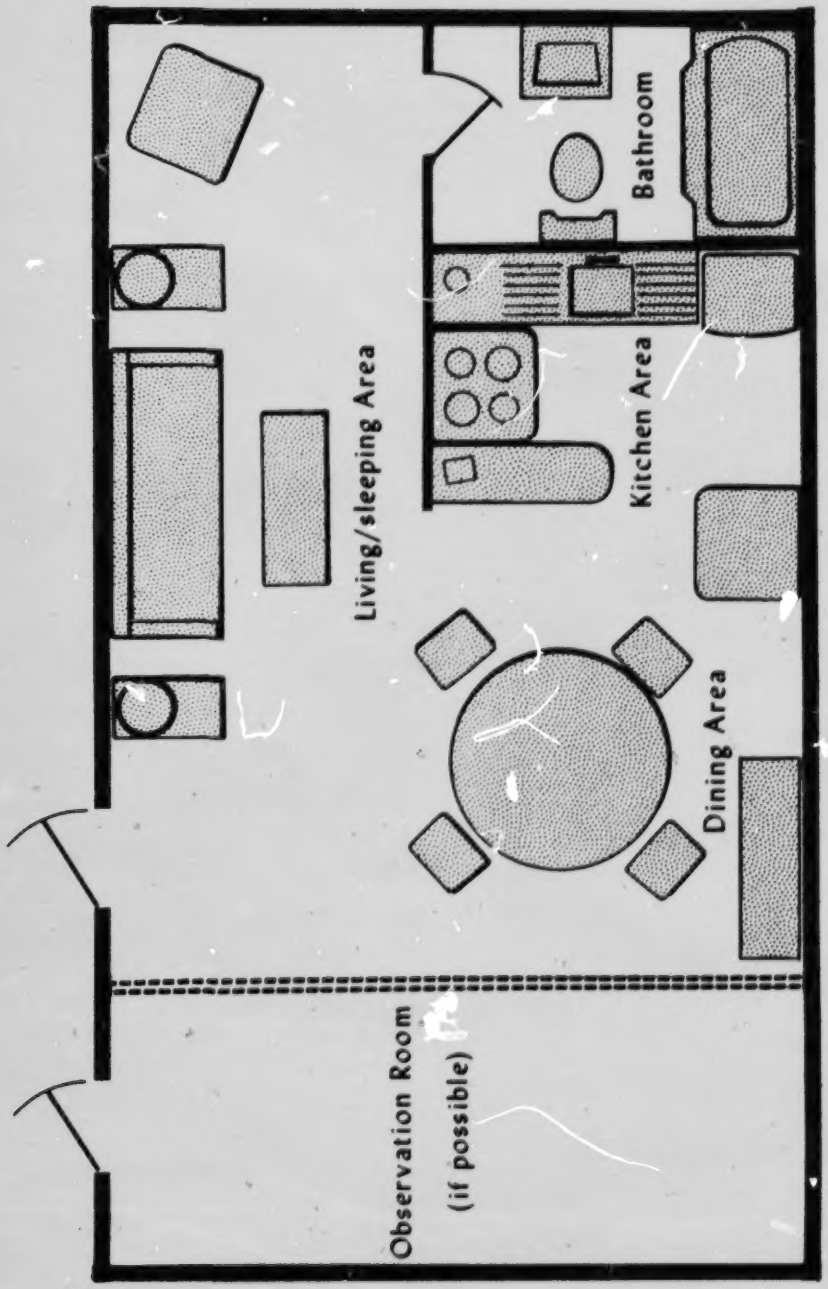
Information relevant to the above procedures may be recorded on the following Facility Analysis form:

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED
FACILITY ANALYSIS

NAME AND ADDRESS OF FACILITY	CONTACT PERSON	TYPE OF AVAILABLE ROOMS	SPECIAL FEATURES (Acoustical information, available equipment, plumbing)	IMPRESSIONS	FOLLOW-UP

Once the facility has been obtained, the following suggested floor plan and list of furnishings may serve as a guide for converting and equipping the designated area:

Suggested Floor Plan:



Suggested Furnishings for Home Demonstration Room

Living/Sleeping Area:

1 Convertible sofa or day-bed
2 End tables
2 Table lamps
2 Lounge chairs
1 Coffee table
1 Bathinette

Dining Area:

1 Dinette table
4 Dinette chairs
1 Cabinet or storage unit
1 Baby feeding table
1 Infant feeding seat

Kitchen Area:

1 Sink
1 Stove or portable oven with hotplate
1 Refrigerator or combination unit
1 Vacuum cleaner
1 Toaster
1 Coffee percolator
1 Blender
Dishes, glasses, silverware

Other Equipment:

1 Portable or wall-mounted chalkboard
1 Full-length mirror
1 Portable speech mirror
1 Record player
1 Tape recorder
Video tape equipment
1 Radio and/or television
Partitions or room dividers

Acoustical Furnishings:

Carpeting
Draperies
Acoustical Tile
Amplification System

Maintaining Good Relations within Existent Facility

No matter where the Program is located, it is of great importance and a valuable asset to establish and maintain good relationships with the rest of the staff within the building. Very few public school principals, teachers, or other school personnel have had contact with young hearing impaired children or realize the special ways in which the family is involved in the work with these children. Right from the beginning, the Parent-Infant Program staff's interest in cooperating and sharing information with other personnel in the building will be appreciated. The principal or director of the complex will especially appreciate being informed of the program's progress and will, in turn, have more interest in the total project.

There are many ways to develop and maintain a close working relationship within the facility. Some examples follow:

1. participation in faculty meetings
2. monthly progress meetings with the principal
3. sharing of materials and equipment
4. audiological testing of staff and pupils
5. classroom presentations

Although most of this information has been directed toward the facility being in a public school setting, the basic principles and attitudes toward others in the complex would be equally as applicable elsewhere. Good public relations is an investment which yields many important and invaluable dividends. A Parent-Infant Program will be richer in many ways if good public relations are established.

Personnel

One of the first administrative strategies of the Project Director[1] is the recruitment of well-trained, mature individuals, "capable of demonstrating confidence and competence in relating to other professionals, parents, and infants" (Northcott, 1971). This professional staff should have varied backgrounds and experience in:

1. the education of hearing impaired infants,
2. early speech and language development,
3. child growth and development,
4. parent interaction, and
5. audiological management.

This interdisciplinary team can function in various ways including the following:

1. as a group of specialists performing specific job functions, or
2. as a team of cross-trained individuals sharing responsibilities.

Regardless of the method of operation, the success of the program greatly depends upon the close collaboration and communication among the various team members.

The specific personnel will vary according to the size and scope of the particular program. The following positions might be included:

- *Project Director or Coordinator*[2] to collaborate with the other team members on the initial tasks involved in implementing a Parent-Infant Program, such as determining identification procedures; selecting case history, lesson plan, and record-keeping forms; and planning for staff and program development. This person functions in a supervisory and administrative capacity throughout the year.
- *Counselor/Diagnostician* to make decisions regarding diagnostic tests and initial assessment period; to administer and interpret diagnostic evaluations; to engage in diagnostic teaching and parent counseling; and to aid in developing curricula for both parents and infants. This person might be a trained teacher of the deaf or a speech pathologist with clinical experience in diagnostic and therapeutic procedures and knowledge of linguistic development of hearing impaired infants.
- *Counselor/Teacher* to offer support and encouragement through parent counseling; to plan and conduct parent meetings; to design appropriate objectives and child-centered activities for stimulating auditory, speech, and language development; and to demonstrate teaching techniques to parents during parent-child sessions. The counselor/teacher should also keep ongoing reports of the child's progress. This person should be a trained teacher of the deaf with knowledge of and experience in child development.
- *Educational Audiologist* to provide counseling and information to parents regarding hearing loss, audiogram interpretation, and hearing aid care; to act as liaison with clinics and hearing aid dealers; to conduct conditioning and auditory training sessions with the infants in their homes; and to aid the clinical audiologist in determining appropriate amplification. This person should have training in pediatric audiology and aural habilitation.

In addition to the team members just described, the following resource specialists might be called upon to aid and augment the team:

1. audio visual technician
2. child development specialist
3. child psychologist
4. motor development specialist
5. parent leadership specialist
6. social worker.

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[1] *In Prince George's County Public School System, the Supervisor of Speech and Hearing assumed the role of Project Director and acted as a facilitator to the staff throughout the year.*

[2] *In Prince George's County, a Hearing Resource Specialist assumed the role of Project Coordinator and acted as liaison between the existing preschool program for the hearing impaired and the new Parent-Infant Program.*

To aid in the recruitment of appropriate personnel, a listing of accredited programs for the preparation of teachers of the hearing impaired can be obtained by writing to:

Council on Education of the Deaf
1545 St. Paul Street
Rochester, New York 14621

A listing of accredited programs for the preparation of speech pathologists and audiologists can be obtained by writing to:

The American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D.C. 20014

Staff and Program Development

Ongoing in-service training is necessary for the professional growth and development of staff members. This training can take any of several forms, including the following:

1. visits and observations of established programs,
2. meetings and conferences with appropriate professionals,
3. participation in professional organizations and conferences,
4. in-service workshops by consultants.

Selection of sites and topics will depend on the previous training and experiences of the individual team members, as well as their own determination of their strengths and needs.

Topics for in-service workshops by consultants may include:

- Auditory Development and Training
- Cognition
- Diagnostic Testing of Infants
- Early Childhood Education
- Hearing Aid Selection, Orientation, and Maintenance
- Infant Stimulation
- Learning Materials
- Linguistic Development in Young Children
- Methods of Communication
- Parent Discussion Techniques: Group and Individual
- Pediatric Audiology
- Program Evaluation and Accountability
- Speech Development for the Hearing Impaired
- Video Taping

Information Gathering

For purposes of ongoing evaluation and for the coordination of personal, social, medical, audiological, and educational reports, it is necessary to keep accurate and current data on all children in an efficient and well-organized manner. The following forms and methods are suggested as aids in the evaluation of children and their progress.

Case History and Case Summary

Immediately following the initial referral of a parent to the Parent-Infant Program, a Request for Records form and a comprehensive questionnaire to elicit information is sent to the parents for completion. The parents may be informed during the initial conversation that the questionnaire will be arriving by mail, or the teacher may elect to use this form as the basis of the first direct interview with the parents. A case history summary sheet containing the most important information received on the child is then completed by the teacher for immediate and future use.

An example of a Request for Records and a comprehensive Case History form as well as a summary sheet follow.

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

Parent-Infant Program for the Hearing Impaired

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

(301) 773-4551

Request for Records

TO:

RE: _____
(Name of Child)

Birthdate: _____

Address: _____

_____

_____

We request that you send a copy of any _____ _____ you have for our child. A full report is requested as well as any recommendations you might have concerning educational programming.

Please send report to:

Mr. Wayne Johnson
Parent-Infant Program for the Hearing Impaired
John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

Your cooperation is appreciated.

Very truly yours,

_____
(Signature of Parent)

Prince George's County Public Schools
Upper Marlboro, Maryland 20870

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

CASE HISTORY

TO THE PARENT:
In order that we may better understand your child and his/her needs, we would appreciate your answering the questions on each of the following pages as fully and accurately as possible. Many parents have found the child's baby book helpful in remembering particular dates. If you are not sure of a particular date, record the date you *think* is right and put a question mark after it. Your family physician may also be able to provide you with certain information, or will send it directly to us if you request it.

RETURN TO:

PLEASE PRINT:
Name of child _____ Birthdate _____
Name of person filling out this form _____
Relationship to child _____
Today's date _____
Person or agency who referred you to us _____
_____
Child's physician _____ Address _____
_____
Describe in your own words what you feel is the child's problem. Use the back of this sheet if necessary.

CASE HISTORY

GENERAL INFORMATION

1. Name of child _____ Birthdate _____
   Place of Birth _____ Sex _____
   Present Age: Years _____ Months _____
   Parents _____
   Address _____ Apt. _____
   _____ Zip Code _____
   Telephone: Home _____ Business _____
2. Is the child either adopted or a foster child? _____
   If so, how old was he when adopted? _____
3. FATHER'S Name in full _____ Age _____
   Birthplace _____ Occupation _____
   Working hours _____
4. MOTHER'S Full Maiden Name _____ Age _____
   Birthplace _____ Occupation _____
   Working hours _____
   Person to contact in case of emergency _____
5. Is either parent deceased? ____ If so, how old was the child when this occurred? _____
6. SIBLINGS (brothers and sisters): List below *all* the children in your family, in order of age. Include the child for whom the application is being made, and circle his/her name.

Name	Age	Does Child have a Hearing Loss?	School and Grade

7. Other adults and children living with the family (relationship, age):

_____

_____

8. What language or languages are spoken at home? _____
9. Do parents have a hearing loss? Father_____ Mother_____

	Degree of Loss	Age Loss Occurred	Type of Hearing Aid	Primary Means of Communication
Father:				
Mother:				

Are there any family members or relatives on either side of the family who have had:

Speech problems? _____

Hearing problems? _____

Learning problems in school? _____

Other problems? _____

If so, describe the problem:

_____

_____

DEVELOPMENTAL HISTORY AND PHYSICAL STATUS: Please fill in the sections you feel comfortable completing.

10. PREGNANCY: Did mother have any illness during this pregnancy? _____
    If so, describe the type of illness and month in which it occurred: _____

    _____

    Did mother have to stay in bed?_____ Has mother had any miscarriages? _____
11. Father's blood type_____ RH_____ Mother's blood type _____ RH_____
12. LABOR: Number of hours _____ Easy_____ Difficult_____
    Comments: _____
13. Obstetrician and/or attending physician:

Name	Address	Phone Number

14. BIRTH: Full term_____ Premature_____ (Months_____ Weeks_____)
    Delayed_____ (Months_____ Weeks_____) Normal Delivery _____
    Caesarian_____ Instrument_____ Birth Weight _____
    Any birth injury to child?_____ If yes, comment: _____

    _____

    What was the child's general health at birth? _____
    Was the newborn child: Active_____ Moderately active _____?
    Was the child jaundiced after birth?_____ Did the child come home from the hospital with the mother?_____
    If not, explain: _____

    _____

    _____
15. FEEDING: Any early feeding difficulties? _____
    Sucking problems?_____ Excessive drooling? _____
    How did the child take to drinking from a cup? _____
    Difficulty chewing or swallowing solid food?_____ If so, explain: _____

    _____

    _____

    _____

    _____

    What are the child's special difficulties with foods now? _____

    _____
16. MOTOR DEVELOPMENT:
    At what age, did the child:

    _____ Hold head up
    _____ Turn over
    _____ Crawl
    _____ Sit alone
    _____ Walk alone
    _____ Drink from cup unassisted
    _____ Eat with spoon
    _____ Take off coat
    _____ Put on coat
    _____ Make toilet needs known
    _____ Care for toilet needs unassisted

    Was child very quiet or very active as a baby? _____
    Describe any problems the child may have with motor coordination: crawling, walking, balance, climbing, grasping, holding _____

    _____

    Does child prefer: Right hand_____ Left hand_____ No preference_____?

17. HEALTH RECORD:

List any childhood illness, surgery, and/or serious accident the child has had:

TYPE AGE REMARKS

Was the child ever exposed to very loud noise?_____ If so, when? _____

Describe _____

Does child have frequent colds?_____ Ear infections? _____

Is the child on medication? If so, what? _____

How often?_____ Has the child had any high fevers? _____

If so, when?_____ How long? _____ Describe _____

Has the child ever fainted or passed out?_____ Has he ever had a convulsion?_____ How many?_____

Describe _____

Does the child have a handicap other than a hearing loss? _____

Describe _____

Has the child any allergies?_____ If so, describe _____

How is the child treated for allergies? _____

Does the child have a heart problem?_____ If so, explain _____

Has the child been seen by an Ear, Nose and Throat Specialist?_____ Other specialists?_____ Had an EEG?_____ If you answered yes to any of these, give the information below:

TYPE OF EXAMINATION DATE PLACE BY WHOM RESULTS

18. VISION:

Do you feel the child's vision is normal?_____ If not, describe _____

Does the child wear glasses? If so, at what age did the child first have to wear them?_____ Has vision been checked by an eye doctor?_____ When? _____

Name and address: _____

Nearsighted_____ Farsighted_____ Astigmatic _____

19. SPEECH AND LANGUAGE:

During the first six months was the child unusually quiet? _____

Unusually noisy?_____ Did the child cry excessively? _____

At what age did cooing and babbling occur?_____ Did babbling stop? _____

If so, why? _____

At what age did the child begin to imitate the vocalizations of others? _____

At what age did the child say his/her first word? _____

List words and expressions your child *understands* and words and expressions your child says. At what age were they acquired?

WORDS AND EXPRESSIONS CHILD *UNDERSTANDS* AGE WORDS AND EXPRESSIONS CHILD *SAYS* AGE

Did speech development ever seem to stop for a period?_____ If, so when? _____

How much of the child's speech does the parent understand? All_____ Most_____ Some_____ None_____

Does the child use jargon (sounds like sentences or a foreign language, but contains only a word or so that can be understood)? _____

How much does the child use gestures to help others understand? _____

Do parents or others use gestures to help child understand them?_____ Has child learned to say nursery rhymes?_____ sing songs? _____

20. HEARING:

Is the child quieted by an adult's approach (voice)? _____

Does child's activity cease when approached by a loud sound? _____

Does the child turn his/her head deliberately to a loud sound and search for its source?_____ When you call, does your child seem to ignore the sound? _____

If yes, explain _____

Does your child sometimes hear sounds which at other times he/she does not seem to hear?_____ If yes, explain _____

How old was the child when you first felt that he/she did not hear normally? _____
Why did you suspect that your child did not hear normally? _____

Who was the first professional person to tell you your child had a hearing loss? (date, place, and address) _____

What were you told concerning the type and amount of hearing loss? _____

Other examinations and/or audiological evaluations:

TYPE	DATE	PLACE	BY WHOM	RESULTS

What do you feel was the cause of the child's hearing loss? _____

21. AMPLIFICATION:
Does the child wear a hearing aid?_____ If so, since what age? _____
Model name and number _____
Who prescribed the aid? _____
Where purchased?_____ Date when he/she started to wear the aid regularly?_____
Hospital or clinic now attending _____

Without a hearing aid what does your child hear?
No sounds at all_____ Door knock_____ Loud sounds only_____ Telephone_____ Airplane_____ Parent's voice_____.
Other sounds (describe) _____

With the hearing aid, what sounds does he hear? _____

In which ear do you think your child hears better? Right_____ Left _____

22. EDUCATION:
In what programs, if any, has your child been enrolled? (Preschool, Day Care, Speech and Hearing Therapy)

TYPE	PLACE	DATE OF ENROLLMENT	HOW OFTEN ATTENDED

How did the child react to this training? _____

Do you feel that the child benefited from this training? _____
Explain: _____

23. SOCIALIZATION:
How would you describe your child's interaction with other children and adults? _____

How would you describe your child's sleeping habits? _____

What things does he/she enjoy most at the present? _____

What upsets him/her most easily? _____

Describe a day in your child's life _____

What educational content does your child need? _____

PLEASE ADD ANY ADDITIONAL INFORMATION WHICH YOU FEEL MIGHT HELP US TO BETTER UNDERSTAND YOUR CHILD AND HIS FAMILY.

Adapted from Prince George's County Special Education Case History Form and Lexington School for the Deaf, Initial Intake Form.

P.I. #1-75

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

CASE HISTORY SUMMARY SHEET

CHILD'S NAME _____ BIRTHDATE _____

PARENTS' NAMES _____

ADDRESS _____

TELEPHONE: HOME _____ BUSINESS _____

IN CASE OF EMERGENCY, CONTACT _____

GENERAL INFORMATION:

HEALTH RECORD:

SPEECH AND LANGUAGE DEVELOPMENT:

AUDIOLOGICAL INFORMATION:

AMPLIFICATION:

SOCIALIZATION:

ADDITIONAL COMMENTS:

Infant Data Record

A composite statistical record of all the children enrolled in the program is useful for compiling comparative and summary data on each of several case factors. For purposes of analyzing geographic distribution, referring agencies, or trends in etiology, for example, and for completing project evaluations and reports, the following suggested *Infant Data Record* form provides an efficient and organized means of reflecting this information:

Prince George's County Public Schools
Special Education
Speech and Hearing Program

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED
Infant Data Record

HI..... Hearing Impaired
NH ..... Normal Hearing

Entry Date and Age	Name Address Phone	Referral Date and Age	Sex	Race	Date of Birth	Referred by	Evaluations				Hearing Aids	Date Aided	Etiology and Date of Onset	Other Handicaps	Parents				Communication at Home	Recommendations and Follow-Up
							Type	Place	Date	Results					Mother		Father			
															NH	HI	NH	HI		
9/19/74 12 mo.	Jane Bell 100 Main St. Landover, Md. 20785 333-1234	9/13/74 12 mo.	F	W	9/10/73	Health Dept.	Aud. Aud. Aud. Aud.	Health Dept Health Dept Health Dept Health Dept	9/77 10/74 11/74 12/74	Severe Bilateral Sensori-neural	Band X(1) Brand X(2)	9/26/74 10/25/74	Unknown		X		X		Spoken English	1. Placement in Parent-Infant Program 9/19/74 2. Continued Audiological testing 3. Infant playgroup—10/28/74

P.I. #3-75

Diagnostic Process

Educational/habilitative programming for hearing impaired infants should be based on individual needs and abilities. Baseline data on the infant's specific strengths, weaknesses, and initial responses to the teaching process should be accumulated during an initial assessment period. This assessment period will aid the counselor/teacher in establishing initial behavioral goals and objectives for each child and in determining appropriate teaching techniques.[1] Due to the rapid growth and development of the infant, however, it is important to realize that observation and evaluation should be an ongoing process throughout the year and modifications in programming made as needed.

The process of diagnostic evaluation might take some or all of the following forms:

1. systematic and informal behavioral observations
2. diagnostic teaching
3. parent-reporting
4. videotaping
5. more formal developmental evaluations

Formal standardized tests should only be used in conjunction with other assessment techniques.

Careful observation, annecdotal record-keeping, and frequent staffings of the infant by the program team will help the counselor/teacher to note changes in behavior, speech, language,[2] and auditory awareness and to modify the program accordingly. Individual *case conferences* should be held periodically to discuss relevant aspects of each child's development. All professionals and/or agencies concerned with the particular child should be represented.

Following is a list of many of the formal and informal tools which are presently being used to assess infants below the age of 3 years. In all cases, these instruments should be administered by qualified examiners.

Evaluative Tools for Infant Assessment

Evaluative Tools	Available From	Cost
SPEECH AND LANGUAGE DEVELOPMENT		
Formal Tests		
Developmental Sentence Types by Laura Lee in her book *Developmental Sentence Analysis*	Northwestern University Press Evanston, Illinois 60201	$13.50
Infant Speech and Language Development Scale by Daniel R. Boone, with modifications by Central Institute for the Deaf	Central Institute for the Deaf 800 South Euclid Avenue, St. Louis, Missouri 63110	N/C
Language Scale for Deaf Children by Ann Geers and Jean Moog (in process)	Central Institute for the Deaf 800 South Euclid Avenue, St. Louis, Missouri 63110	N/C
Preschool Language Scale by Irla Zimmerman and others	Charles E. Merrill Publishing Company 1300 Alum Creek Drive, Columbus, Ohio 43216 (complete) (per 10 scales)	$ 7.95 $ 5.50
Receptive and Expressive Emergent Language Scale by Kenneth Bzoch and Richard League	The Tree of Life Press P.O. Box 447 Gainesville, Florida 32601 (complete) (per 25 extra)	$14.50 $ 6.50

[1] *In Prince George's County, this initial assessment period was for one month, giving the diagnostician and teacher time to observe the infants' responses and behavior in a variety of situations.* The Initial Infant Evaluation Checklist *(page 35) suggests one way of recording these responses.*

[2] *For a listing of some of the recent studies of linguistic development, see Bibliography. A knowledge of the developmental stages in linguistic acquisition is essential to the diagnostic/habilitative process.*

Informal Tests	**Available From**	**Cost****
Initial Infant Evaluation Checklist by The Parent-Infant Program for the Hearing Impaired, Prince George's County Public Schools, Maryland	See page 35.	
Speech Development Chart by The Parent-Infant Program for the Hearing Impaired, Prince George's County Public Schools, Maryland	See page 38.	
Videotape Rating Scale by The Family-Oriented Infant/Preschool Program for Hearing Impaired Children and Their Parents	Whittier Parent Program, Minneapolis Public Schools, Minneapolis, Minnesota 55435	
Evaluative Tools		
AUDITORY DEVELOPMENT		
Auditory Development Chart by The Parent-Infant Program for the Hearing Impaired, Prince George's County Public Schools, Maryland	See page 38.	
Auditory Evaluation by The Parent-Infant Program for the Hearing Impaired, Prince George's County Public Schools, Maryland	See page 46.	
MOTOR DEVELOPMENT		
**Bayley Scales of Infant Development* (Motor Scale) by Nancy Bayley	The Psychological Corp. 304 East 45th Street, New York, New York 10001 . .	$88.00 complete
Preschool Attainment Record (Ambulation and Manipulation) by Edgar A. Doll	American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014	$1.35 manual $2.65 per 25 booklets
SOCIAL DEVELOPMENT		
**Bayley Scales of Infant Development* (Infant Behavior Record) by Nancy Bayley	The Psychological Corp. 304 East 45th Street, New York, New York 10001 . .	$88.00 complete
Minnesota Child Development Inventory by Harold R. Ireton and Edward J. Thwing	Interpretive Scoring Systems 4401 West 76th Street, Minneapolis, Minnesota 55435	$4.50 manual $4.50 per 10 booklets
Preschool Attainment Record (Rapport and Responsibility) by Edgar A. Doll	American Guidance Service, Inc. Publisher's Building, Circle Pines, Minnesota 55014	$1.35 manual $2.65 per 25
Vineland Social Maturity Scale by Edgar A. Doll	American Guidance Service, Inc. Publisher's Building, Circle Pines, Minnesota 55014	$1.65 manual $2.40 per 25
PERFORMANCE		
Communicative Evaluation Checklist by Ruth Anderson and others	Educators Publishing Service, 75 Moulton Street, Cambridge, Massachusetts 02138	$ .25 per copy
**Gesell Developmental Schedules*	The Psychological Corporation 304 East 45th Street, New York, New York 10001 . .	$132.00
Leiter International Performance Scale	C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois 60651	
Minnesota Child Development Inventory by Harold R. Ireton and Edward J. Thwing	Interpretive Scoring Systems, 4401 West 76th Street, Minneapolis, Minnesota 55435	$4.50 manual $4.50 per 10 booklets
Preschool Attainment Record (Creativity) by Edgar A. Doll	American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014	$1.35 manual $2.65 per 25
**Smith Non-Verbal Performance Scale* by Alathena Smith	John Tracy Clinic 806 West Adams Blvd., Los Angeles, California 90007	

** Indicates tests that should be administered by a psychologist, preferably one with experience in testing very young, hearing impaired children.*

***These costs are subject to change.*

INITIAL INFANT EVALUATION CHECKLIST

Child's Name:_____ Birthdate:_____ Age: Years _____
Months_____

Date:_____ Recorder's Name:_____

Hearing Loss:_____ Hearing Aid:_____

VISUAL
__Gives little or no attention to speech
__Attends to face
__Begins to attend to speech
__Attends purposely to speech but shows no evidence of comprehension
__Responds to gestural directions

LIPREADING
__Lipreads single words. List:_____
_____
Parent's Report (P)_____
_____
Recorder's Report (R)_____
_____
__Phrases
List: (P) (R)_____
_____
__Sentences __Responds to questions
Additional Comments:_____
_____
_____

EXPRESSIVE LANGUAGE
__Silent
__Vocalizes to express wants
__Vocalizes other than crying
__Babbles
__Two syllable babble
__Vocalizes back when talked to

IMITATION
__Sounds __Words
__Sentences __Rhythm patterns

SPONTANEOUS
List:_____
_____

VOICE QUALITY (describe):_____
_____

AUDITORY DEVELOPMENT
__Shows no awareness of sound
__Shows awareness of presence or absence of loud sound
__Responds to environmental sounds (list)
_____
_____
_____Orients _____Localizes
__Responds to voice (describe)_____
_____
_____Orients _____Localizes
__Associates meaning to environmental sounds
__Associates meaning to vocal inflection
__Demonstrates understanding of words and simple phrases

AUDITORY DISCRIMINATION
__Between 2 gross sounds (list)
_____
__Among 3 gross sounds (list)
_____
__Between 2 soft sounds (list)
_____

CONDITIONED TO RESPOND TO SOUND
__No __Yes (describe)_____
_____

ADAPTIVE BEHAVIOR
16 weeks
__Competent eye following. Regards rattle in hand.
28 weeks
__Momentarily transfers cube from one hand to other.
40 weeks
__Fingers cube in cup.
12 months
__Attempts tower, it falls. Releases one cube into cup.
15 months
__Builds tower of 2 with cubes.
__6 cubes in and out of cup-needs urging.
__Formboard: Places round block-needs demonstration.
18 months
__Cubes: Tower of 3-4; places 10 cubes in the cup spontaneously or on request.
__Drawing: Scribble spontaneously; tries to imitate vertical stroke but without discrimination of direction.
__Formboard: Piles the 3 blocks on each other and may finally insert 1 form (the round block)
24 months
__Cubes: Builds tower of 6-7 cubes; aligns 2 or more cubes in imitation of a 3 cube train with a fourth one superimposed as chimney.
__Drawing: Scribbles spontaneously, imitates vertical stroke, imitates circular scribble.
30 months
__Cubes: Tower of 8, adds chimney to train.
__Drawing: Imitates V and H strokes.
__Formboard: Inserts 3 blocks on presentation; with formboard reversed, inserts 3 blocks after 4 trials.
36 months
__Cubes: Tower of 9-10; imitates bridge, needs several trials.
__Drawing: Imitates O,1,-,crude +.
__Formboard: After formboard reversed, inserts without error or with immediate spontaneous correction.

ADDITIONAL COMMENTS

Adapted from Northcott's Differential Development Scale for Hearing Impaired Children and Gesell's Developmental Examination.

P.I. #5-74

Diagnostic Profile

The results of the developmental evaluations can be recorded on a *Diagnostic Profile* for a more graphic representation of the child's initial status and growth throughout the year. Pre- and post-test results can be entered in the form of bar graphs: (1) on the Rating Scale, indicating the child's developmental level in three-month age intervals and (2) on the Auditory and Speech Development Charts in terms of the child's sequential skill development. The *Diagnostic Profile* not only indicates the child's levels of functioning, but is also useful in planning appropriate activities for skill development in areas of need. In addition, this can be helpful in presenting and interpreting the infant's progress to parents during parent conferences.

Prince George's County Public Schools

UPPER MARLBORO, MARYLAND 20870 • TELEPHONE 301 627-4800

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Diagnostic Profile

Child's Name: Jane Bell D.O.B.: 9/10/73 Etiology: Unknown

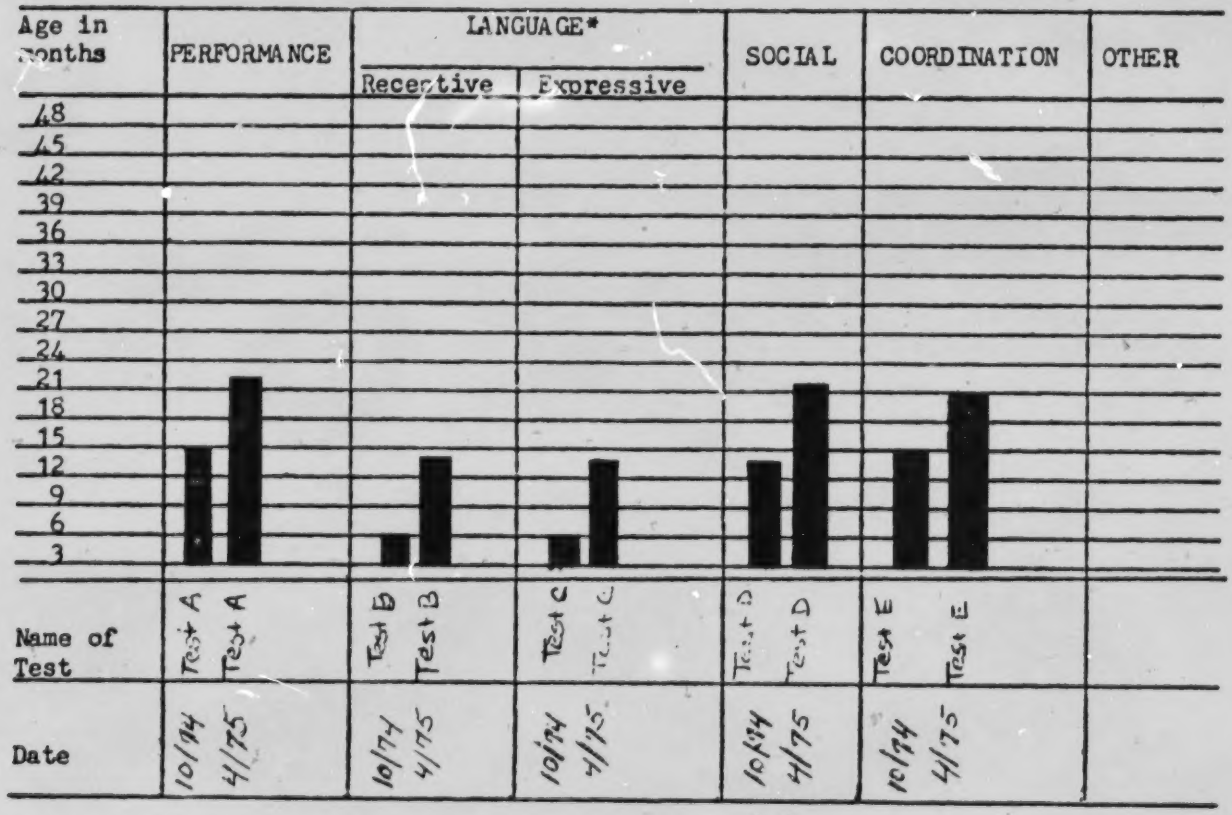
Parent's Names: Alexander and Hilda Hearing Loss: Severe bilateral sensorineural

Address: 100 Main Street Hearing Aid: Brand X (2)

Landover, Maryland 20785

Enrollment: Date: 9/19/74 Age: 12months Aid Introduced: Date: 9/26/74 Age: 12months

RATING SCALE



* Indicate system(s) of communication

☒ Oral/Aural ☐ Total Communication

☐ Sign Language

Diagnostic Profile

Child's Name: Jane Bell

AUDITORY DEVELOPMENT

Demonstrates understanding of simple, connected language

Demonstrates understanding of words and simple phrases

Discriminates speech using vowels, consonants, syllables

Discriminates speech using duration, intensity, pitch, intonation, rhythm
Discriminates among voices, eg. Mommy's voice, Daddy's voice, Baby crying
Discriminates among soungs, eg. bell, horn, drum

Associates meaning to vocal inflection_____

Associates meaning to enviromental sounds_____

Responds to voice (describe) Alerts to voice within 5 feet
✓ Orients ___ Localizes in structured situations
Responds to enviromental sounds (List) door knocking, washer, dog barking
✓ Orients ___ Localizes
Shows awareness of presence or absence of loud sound

Shows no awareness of sound

SPEECH DEVELOPMENT

Uses 2-word combinations
Spontaneous jargon_____
Uses 4-7 words_____
Uses 3 words_____
Attempts words_____
Imitates syllables_____
Babbles 4 syllables or more_____
Vocalizes to express wants when hungry or wants toy
Babbles to people_____
Vocalizes to express feelings_____
Vocalizes other than crying_____

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Initial Report

In order to plan an appropriate program for the child and the family it may be useful to write a brief descriptive summary of the significant background information, results of the initial assessments, audiological status, and the teacher's observed impressions during the first month. This may take the form of an *Initital Report* and may consist of the following sections: (1) significant background; (2) observations of the child's auditory skills, speech and language skills, cognitive development, social maturity, and physical development; (3) observations of the family; (4) recommendations; and (5) objectives and strategies. Copies of this *Initial Report* should be sent to the referring agency as well as to the family's pediatrician. The report will provide these professionals with important feedback and will aid in the formation of consistent and coordinated services to the child and the family. A sample format for the *Initial Report* follows:

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Initial Report

Child's Name: _____ **Birthdate:** _____ **Age:** _____

Parents' Names: _____

Address: _____

Date of Admission: _____ **Date of Report:** _____

Number of Sessions: _____ **Evaluator:** _____

Significant Background:

Observations:

Child

Family

Recommendations:

1.
2.
3.
4.
5.

Objectives and Strategies:

1.
2.
3.
4.
5.

P.I. #32-75

Progress Report

At the end of the year the cumulative data and observations can be summarized in the form of a *Progress Report*. Together with the *Diagnostic Profile* the report would reflect the growth of both the child and the parents and would provide an indication of future needs. A sample outline of the *Progress Report* appears on the following page. Each family participates in an end-of-the-year conference with all staff members present. At this time the progress of the child and the family can be discussed in detail, and the parents can be provided with a copy of the *Progress Report* if they so desire. The sharing of information with parents helps to reaffirm a program policy of sincere and open communication between parents and staff members.

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Progress Report

Child's Name: _____ Birthdate: _____ Age: _____

Parents' Names: _____

Address: _____

Period Covered: _____ Number of Sessions: _____

Counselor/Teacher: _____ Parent Meetings: _____

Significant Background:

Progress:

Auditory Skills

Speech and Language Skills

Cognitive Development

Social Maturity and Physical Development

Parent Participation:

Recommendations:

1.
2.
3.
4.
5.

P.I. #33-75

Audiological Management

Appropriate audiological management is an essential service in a Parent-Infant Program and will directly contribute to the total speech and language learning process of the hearing impaired child. The fitting of appropriate amplification at the earliest possible moment and its effective use during all waking hours are major objectives of the program. Audiological management is presented here as consisting of the following interrelated areas:

1. audiological evaluation
2. audiological liaison
3. trial hearing aid program
4. hearing aid maintenance
5. audiological counseling

Ongoing audiological evaluation of a child is critical to an appraisal of educational potential. Traditionally, a child is evaluated within the setting of a speech and hearing clinic. An infant's responses to sound are limited due to short attention span, inability to associate meaning to sound, and inconsistency of response. It may be difficult, therefore, to elicit complete audiological information entirely within the clinical setting.

A close relationship between the Parent-Infant Program staff and the clinical audiologists who are concerned with audiometric testing and hearing aid evaluation is important. The educational audiologist, if available, or other qualified staff member can assist the clinical audiologist in the insightful interpretation of the infant's overall aided and unaided auditory behavior.

Early amplification and effective audiological management will provide a firm foundation for the hearing impaired child's optimal use of residual hearing and related speech and language growth.

In order to facilitate audiological testing, the infant should be familiarized with the testing situation. Many young children are uncomfortable in new situations and may be fearful of the sound-treated test rooms, unfamiliar people, and strange audiometric equipment. Continual audiological testing may help to overcome the child's fears which could otherwise interfere with the validity of test results.

When a child is under the age of two years, the audiologist needs to take advantage of natural physical responses to familiar sounds in order to obtain some gross measurements of hearing sensitivity. A variety of sounds in the child's own home can be used for this purpose and the tester can make a selection based on frequency range and intensity level. In addition to those sounds normally found in the child's home, a variety of sound instruments such as those found in the clinic, should be presented to stimulate the child's auditory awareness. The infant's natural responses to these sound presentations can be noted and reported to the clinical audiologist.

Before any definitive threshold measurement of hearing can be made, it is essential that some pattern of response be established so that the tester knows whether or not a particular sound is heard. This can be established prior to an audiological testing session. Many young children above the age of two years (or younger in some cases) can learn simple conditioning procedures for play audiometry. The teacher can instruct the child to hold a small object, such as a block, up to his/her ear to provide a listening set. When a sound is made, the child can be conditioned to drop the object into a container. The sound stimulus, such as a household sound, a musical instrument, or voice, should be introduced within the child's field of vision until the procedure is familiar. Then the sound should be presented without any visual clues. When the child is able to respond consistently to the sound stimulus, the pattern can be considered established. The child should then be helped to respond to any additional stimuli, including pure-tones generated from the audiometer.

The following worksheet may be used to aid in planning and evaluating sessions:

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Conditioning Worksheet

Child's Name _____ Birthdate _____

Date	Sound Stimulus	dB Level	Frequency Range	Distance from Child	With Vision	With-out Vision	Response	By

Auditory Evaluation

An auditory evaluation of a child's responses to environmental sounds in the home and to the voices of familiar persons is particularly helpful (1) in coordinating with the clinical audiologist; (2) in planning an effective program of aural habilitation; and (3) in guiding parents toward an understanding of their child's auditory development. This evaluation should be conducted several times a year in the child's own home at times when he/she is well-rested and most receptive. Estimates of loudness levels and distances can be made by the audiologist if sound level equipment is not available. Results should be obtained in both aided and unaided situations for a basis of comparison. The following Auditory Evaluation form is suggested as a means of recording these responses:

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Auditory Evaluation

Name: _____ Date of Birth: _____ Date: _____

Age: _____ Description of Hearing Loss: _____ By: _____

_____

Unaided Scores: _____
Aided Scores: _____

Hearing Aid(s): _____

Sound or Voice		No Response	Response Aware of presence of of sound	Localizes to Sound	Identifies Sound	Distance from Sound	Angle	Estimated Loudness Level
	Aided							
	Unaided							
	Aided							
	Unaided							
	Aided							
	Unaided							
	Aided							
	Unaided							
	Aided							
	Unaided							

Adapted from: Bill Wilkerson Hearing and Speech Center, Nashville, Tennessee Form #106 and Videotaping Rating Scale, Whittier Parent Program: Infant/Preschool, Mineapolis Public Schools

P.I. #22-75

Audiological Liaison

Regular and frequent audiological evaluation is essential to assess the hearing of a very young child and to select appropriate amplification. The Program's audiologist should work closely with the speech and hearing clinic personnel in scheduling audiological appointments. This is important because each infant may then be scheduled as frequently as needed.[1]

During these evaluations, the educational audiologist can provide considerable information that would aid in audiometric assessment by reporting observations of the infant in the home or nursery classroom.

The *Auditory Evaluation* form, which precedes this page, and the following *Auditory Behavior* form can be used to describe an infant's response to stimuli. In addition, the *Auditory Behavior* form can be used to record hearing aid use as well as specific suggestions for audiometric testing and hearing aid evaluation. This report can be sent to the speech and hearing clinic prior to the infant's scheduled evaluation. Parents and staff members should be involved in observation of the infant and should be consulted for their impressions of the child's auditory performance.

Trial Hearing Aid Program

The appropriate selection of hearing aids is the single most important procedure in the educational development of young hearing impaired children.

In cooperation with the speech and hearing clinic, several hearing aids should be used for a trial period before final selection. Hearing aids for this purpose may be provided by the clinic or by hearing aid dealers/companies. When funds are available, the Parent-Infant Program could purchase hearing aids as trial aids. These aids could also be used on a loaner basis when a child's own hearing aids are being repaired. The Parent-Infant Program could purchase hearing aids to be used for this purpose. The audiologist should choose those aids which represent a variety of gain, out-put level, and frequency response characteristics. The child's responses with these various aids can be observed during individual sessions, and the results recorded by the program audiologist.

[1] *In the Prince George's County Program, close cooperation and coordination were established with the County Health Department, Division of Speech and Hearing. The staff of this department helped greatly to facilitate delivery of audiological services to the families enrolled in the program.*

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Auditory Behavior Report

Child's Name: _____ Birth Date: _____

By: _____

Clinic: _____

AUDIOLOGICAL SCHEDULING Date: _____

Time: _____

OBSERVATIONS

1. Hearing Aid Use:

2. Home Demonstration Visits:

3. Nursery Class:

4. Other:

RECOMMENDATIONS

Check where appropriate:

	Pure-Tone Audiogram
	Hearing Aid Evaluation
	Aided Scores - Monaural and Binaural
	Binaural Amplification
	Hearing Aid Check
	Tympanometry
	Others:

Hearing Aid Maintenance

It can not be assumed that because a child is wearing a hearing aid he is getting maximum benefit from it. It has been demonstrated (Erber, 1971) that a significant number of children are wearing defective hearing aids. The Parent-Infant Program staff should therefore establish a procedure for checking the children's hearing aids on a regular basis to ensure proper functioning of the aids and to encourage parents to assume this responsibility at home.

Parents and teachers should be trained to recognize malfunctions in the hearing aid, to make minor repairs such as changing cords and batteries, and to refer a defective hearing aid to the audiologist or hearing aid dealer for repair. Training sessions for parents and teachers by a trained audiologist should be conducted early in the year or whenever new families are enrolled. At this time procedures for checking the hearing aids and making simple appropriate improvements should be thoroughly presented. A Daily Listening Check, such as the one that follows, can provide a procedure to both parents and teachers for examining the hearing aid. When problems arise with the aid a "trouble shooting" guide such as the one included herein can be used to help determine the damage. The teacher or educational audiologist should check the hearing aid(s) whenever the child comes to the school setting. A record should be kept of the condition of the aid(s) and of the repairs that are needed over a period of time. A *Hearing Aid Log* form can be used for this purpose. In addition a copy of a *Hearing Aid Check* should be given to the parents each time indicating the working condition of the aid(s) and appropriate follow-up measures.

Daily Listening Check

1. Check the battery to make sure it is fresh. If necessary, clean the battery terminals and contacts with the eraser before inserting it into the hearing aid.
2. Set controls:
   a. Turn aid to "Off" position.
   b. Set volume at lowest level.
   c. Switch aid to "M" or microphone position.
3. Place the earmold (attached to the hearing aid) to your ear. Cover it with the palm of your hand and hold the main part of the hearing aid away from your ear to prevent feedback or squealing.
4. Turn the hearing aid to "On." Then, turn the volume control slowly up and down. Be aware of any static, scratchiness, or sound cutting on and off.
5. Check the cords for unraveling or breakage.
6. Check the firmness of cord connections.
7. Gently tap the hearing aid on all sides to check for a reduction of power or loose connections. Check for loose screws in the case.
8. Turn the aid off and check the earmold for ear wax in the tip.
9. Place the mold in your child's ear and check to see that it fits snugly without irritating the ear.
10. Turn the aid on and be sure that it is set at the correct volume level.

If the hearing aid seems to be malfunctioning, please contact the audiologist. Get into the habit of listening to your child's aid *EVERY* day.

Auditory Services Program
Montgomery County Public Schools
Rockville, Maryland

Hearing Aid Trouble Shooting Guide

PROBLEM	POSSIBLE CAUSE AND TEST	REMEDY
Feedback "squeal" or "whistle"	1. Remove earmold and receiver from ear. Place finger over earmold canal hole. If squeal stops, feedback is coming from canal hole, because:	
	a. earmold is not properly positioned in the ear;	Press earmold (with receiver) firmly into ear and twist back and forth slightly.
	b. earmold no longer fits;	Replace earmold.
	c. earmold is cracked.	Replace earmold.
	2. If the squeal does not stop with Step 1, remove earmold from receiver and, with volume at normal setting, cover the hole in the center of the receiver ring or the receiver nozzle. If the squeal stops, the feedback is coming from the receiver-earmold connection or a broken receiver.	Consult audiologist or dealer.
	3. If the squeal does not stop at Step 2, and none of the following Steps apply, the problem may be inside the case.	Consult audiologist or dealer.
	4. The "T"-"M" switch may be in the wrong position.	For normal use keep it on "M"
	5. There is impacted wax in the earmold. (Because the sound is blocked by the wax, the child may set the volume up too high to compensate).	Remove the ear wax.
	6. The volume control is set too high; the child is wearing the aid at a volume setting above that suggested by the center.	Turn it down to the suggested setting; if child cannot adjust, consult audiologist.
	7. A certain amount of feedback may occur in an ear-level aid when a hand or other solid object is placed near the ear. This is not necessarily abnormal; however, no feedback should occur at other times.	Obvious
Hearing Aid is "dead"	1. Dead, run-down, or wrong type of battery. Check voltage with battery tester.	Replace battery.
	2. Battery is reversed in compartment, so "+" does not match up with "+" mark in battery compartment.	Insert in correct direction.
	3. Poor battery contacts due to leakage or corrosion at ends. Examine battery and holder for evidence of leakage in form of powder corrosion.	Discard battery. Wipe holder terminals with damp cloth to remove loose powder. Then clean with pencil eraser.
	4. Poor contacts between cord plugs and case or receiver, due to dirty pins or springs. With hearing aid turned on, wiggle plugs in receptacles and withdraw and reinsert each plug.	Rub contacts with pencil eraser and wipe with clean cloth moistened with cleaning fluid.

PROBLEM	POSSIBLE CAUSE AND TEST	REMEDY
	5. Plugs not fully or firmly inserted in receptacles. Examine while listening for sound; withdraw and firmly reinsert each plug in turn.	Set in firmly. If plug does not stay "put", tape it in place (where you get the best sound) until you get it checked by audiologist or dealer.
	6. Break or near-break inside receiver cord. While listening, roll entire length of cord between fingers and wiggle cord at terminals. Raspy sounds or sounds that go on and off indicate broken wires.	Replace cord with new one. Worn ones cannot be repaired satisfactorily.
	7. Earmold canal plugged with wax. Remove earmold and examine. Blow through canal to see if passage is open.	Wash and dry earmold.
	8. Microphone is facing the body (body worn aid).	Face microphone away from body.
	9. Faulty receiver. Examine for breaks, cracks.	Replace with new receiver.
	10. Internal damage.	Consult audiologist or dealer.
Rattling sound when you shake case	Loose screws inside case.	Consult audiologist or dealer.
Static and noise	1. Dirty or bent microphone screen.	Consult audiologist or dealer.
	2. Moisture.	Put aid in container with silica gel. If this does not help, consult audiologist or dealer.
	3. Internal damage.	Consult audiologist or dealer.
	4. Battery contacts corroded or dirty.	Rub contacts with pencil eraser.
Sound cuts on and off	1. Cord is broken. Sound goes on and off when fingers are run down length of cord.	Replace cord.
	2. Loose contacts between cord and plugs.	Replace cord.
	3. Cracked receiver.	Replace receiver.
	4. Corrosion on ends of battery.	Rub contacts with pencil eraser.
Muffled sound	1. Dirty microphone screen.	Remove dirt with soft brush.
	2. Earmold canal clogged with wax or drop of water (left from cleaning).	Wash and remove wax. Dry thoroughly and blow through canal to remove water.

PROBLEM	POSSIBLE CAUSE AND TEST	REMEDY
Weak volume	1. Battery weak. Test on battery tester.	Replace battery.
	2. Earmold clogged with wax or water.	Remove.
	3. Poor battery contacts.	Clean with pencil eraser.
	4. Earmold not properly positioned in ear.	Position properly.
	5. In ear-level aid, plastic tubing not firmly connected.	Push tubing firmly together.
	6. In ear-level aid, tubing too sharply bent and sound blocked.	Replace tubing if necessary.
	7. Internal damage.	Consult audiologist or dealer.
Low, soft buzz or hum	Check to see if aid is on 'M' (microphone).	Obvious.

If problems with the aid remain after checking the foregoing, ask the advice of the audiologist or hearing aid dealer.

DO NOT DELAY REPAIRS!

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Hearing Aid Log Form

Name: _____ Hearing Aid/Aids: Name/Model _____

Setting: Right _____ Left _____

Date	Aid Working Properly	Aid Needs Repairs	Remarks	Repairs		Loaner Aid(s)		
				Date Sent	Date Returned	Provided by	Date Loaned	Date Returned

Adapted from Form #2 Gateway Pre-School, Baltimore, Maryland

P.I. #29-75

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Hearing Aid Check

Name: _____ Date: _____

Hearing Aid: _____

Came wearing aid: _____

Quality of Amplification: _____

Hearing aid case: _____

Battery: _____

Cord: _____

Receiver: _____

Earmold: _____

Volume setting: _____

Comments:

Earmolds

Properly fitting earmolds are necessary for a beneficial amplification system. If the infant's molds are loose, the volume of the hearing aid must be turned down to eliminate annoying acoustic feedback, thus minimizing the full benefit of amplification to the child. Earmolds should be re-made for an infant's rapidly growing ears every three or four months.

To decrease a parent's expenses and to insure that there is no costly time delay, the program's audiologist can make earmolds as needed from a commercially available earmold kit. If this is done, the audiologist will want to consider professional insurance coverage through the American Speech and Hearing Association or local education organizations.

Hearing Aid Test Sets

In order to insure that amplification instruments have adequate electroacoustic responses the acoustical characteristics of the aid should be tested periodically with proper equipment. Portable hearing aid test sets can be purchased from an auditory instrument distributor and provide a comparatively inexpensive means of hearing aid testing. Alternatively, arrangements can be made with clinics, hearing aid dealers, or manufacturers who have access to this type of instrument.

This test set enables the audiologist to locate subtle defects that would go unnoticed by a listening check.

Hearing Aid Kits

Parents must be encouraged to check their child's hearing aids every day.

For the purpose of carrying on this part of the hearing aid maintenance program at home, parents should prepare hearing aid boxes that include spare hearing aid parts, items used in the aid's maintenance, and instructions on how to check the hearing aid. Particularly valuable to parents is a list of supply companies from whom parts can be ordered. Subsequent to a parent conference the following sample letter to the parents may be sent:

Parent-Infant Program for the Hearing Impaired

John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

(301) 773-4551

Dear Parents,

Your child's hearing aid is important because it may help provide him/her with the amplification necessary for developing speech and language. It enables him/her to explore and better understand his/her world.

In designing hearing aids for children that are sturdy but light and comfortable to wear, the components are usually small and fragile. Excessive rough handling and simple neglect may create needless breakdowns which prevent your child from receiving the best possible amplification. Preventive measures such as a daily hearing aid check will help ensure service from the aid.

Please consult the simple step-by-step instructions for listening to your child's aid. You should get into the habit of checking it each morning before the aid is worn.

A hearing aid care kit should be compiled to care for the aid. It should include the following equipment that can be kept in a small box, such as a recipe or cigar box:

1.	Batteries:	An extra supply of batteries should always be kept on hand. Batteries may be purchased from hearing aid dealers or drugstores. Prices vary depending on the type of battery.
2.	Battery Tester:	This item may be purchased from the hearing aid dealer. Price: about $5.00.
3.	Extra Cord:	This may be purchased from the hearing aid dealer. Prices vary.
4.	Pipe Cleaners:	They are used for removing wax from the earmold. They may be purchased from drugstores, art supply stores, or hobby and craft shops. Price: about 35¢.
5.	Art Eraser:	This is used for cleaning corrosion from contact points. It can be purchased from drugstores, art supply stores, or hobby and craft shops. Price: about 50¢.
6.	Hearing Aid Harness: (optional)	This may be ordered from the hearing aid dealer. Price: about $6.00.

Please complete this equipment as soon as possible. I will be glad to order items for you. Get into the habit of checking the hearing aid every day. Your child depends on it!!!!!!

If I can be of any assistance, please call me.

Sincerely,

Speech and Hearing Program Special Education
Prince George's County Public Schools

Audiological Counseling

The audiologist in a Parent-Infant Program is also a counselor and educator. Parents need detailed and simple explanations of audiological procedures, audiogram interpretation, and the care and maintenance of a hearing aid. Whenever possible, meetings with parents should be scheduled in their own homes. At these meetings, the results of the *Auditory Evaluation* and other audiological information can be interpreted to the parents. Time should be allotted for answering parents' specific concerns and questions regarding their child's hearing.

Audiological information can also be disseminated at parent meetings and through parent newsletters and bulletins. The following articles have been excerpted from a parent newsletter and provide suggestions for the care of ear molds and listening activity at home.

KEVIN, COME HERE. WE'RE GOING TO VACUUM THE RUG.
LISTEN... I'M GOING TO TURN IT ON.
I HEAR IT. IT'S LOUD. PUT YOUR HAND ON IT.
NOW LET'S VACUUM THE RUG.

Learning to Listen

We have often been asked why we spend such a considerable amount of time training deaf children to listen when it appears that their hearing is not sufficiently good to permit them to always understand the sounds around them.

The use that is made of information in the auditory channel can be enhanced to keep your child better in touch with his world. It is amazing how much we all depend on common background sounds for assurance that we are in familiar surroundings. Just imagine how confusing it would be if the sounds of traffic on a busy street, people's voices, or a dog barking in the distance suddenly disappeared or became muffled and indistinguishable.

Children with normal hearing are more in touch with their surroundings as they gain added assurance through understanding the sounds around them. Children with hearing impairments often feel isolated with limited auditory information.

Our aim is to develop an interest in listening to sound. An easy exercise to train a child to listen makes use of sound toys such as drums, bells, or toy animals that squeek. You might even use household items! A vacuum cleaner or blender could easily be adapted for this activity. First, let your child recognize them through the use of all senses.

Please, use one item at a time; as you well know, a child is often distracted by too many objects.

Draw your child's attention to the sound by holding it close to your ear and indicating through speech and facial expressions that you hear and enjoy it. Then, place the sound close to the microphone of your child's hearing aid, and encourage him/her to handle it and cause it to make a noise. Use praise.

Practice this activity for several minutes a day. Pick a time when your child is well rested and alert. Most of all *Make This a Fun, Learning* Experience!!

"Hearing Aide"

Keeping an earmold clean is extremely important!! Every two or three days, or sooner if you notice wax collecting in the mold, wash the earmold in warm soapy water. Use a *mild* soap, please—no alcohol, laundry detergent, or household cleaner which could wear away at the plastic. Then run a pipecleaner through the mold to keep the channel open and free of wax. If a pipecleaner is not available, a hard whack on the palm should do it.

Remember, an earmold must be completely dry before reusing. If this is not done, it is quite possible for air bubbles to be trapped in the canal which could interrupt the effectiveness of the hearing aid. A good time to wash the earmold might be at bedtime, allowing the mold to dry overnight.

Another good idea is to separate the mold from the receiver each night, placing the receiver face down on a piece of tissue in order to allow any moisture to drain out.

Learning Materials

The selection of learning materials to implement a Parent-Infant Program must be done with care and careful consideration. Books, toys, and other teaching aids, if appropriately selected and used, should help develop within the child such qualities as curiosity and creativity and enhance his cognitive, auditory, speech, and language development.

Children's Books

It is critical for hearing impaired children, as indeed it is for all children, to develop an interest in reading and books. The books selected for a Parent-Infant Program should therefore, be age- and interest-appropriate. The best criterion for choosing a book for the hearing impaired preschooler is to check for clarity of pictures. If the pictures are simple and tell a story without the use of a text, and the story is within the realm of a preschooler's experience, the book is appropriate. The books for the *very* young should have big, colorful pictures of no more than one or two objects on a page. Visual aids may be used as supportive material for storytelling and could be actual objects illustrated in the book. These can help to elicit greater interest and may enhance the child's attention span. Materials relevant to the book may be made for flannel boards and used as additional aids to reinforce learning.

It is suggested that a review be made of the latest issue of such books as (1) *Best Books for Children,* an annually revised annotated listing which may be obtained by writing to the R.R. Bowker Company, 1180 Avenue of the Americas, New York, New York 10036, and (2) Arbuthnot's *Anthology of Children's Literature,* available from Lothrop, Lee, and Shepard Company, Division of William Morrow and Company, Inc., 105 Madison Avenue, New York, New York 10016. The following list of books has been found useful with young hearing impaired children and might help in the initial selection of appropriate children's books for a Parent-Infant Program:

Suggested Children's Books

PUBLISHER AND TITLES

Golden Press
Western Publishing Co. Inc.,
Racine, Wisconsin 53404
- *I Am a Kitten*
- *I Am a Mouse*
- *I Am a Puppy*
- *Pat the Bunny*
- *The Apple Book*
- *The Ball Book*
- *The Cat Book*
- *The Dog Book*
- *The Farm Book*
- *The Hat Book*
- *The Humpty Dumpty Book*
- *The Look Look Book*
- *The Nest Book*
- *The Smiley Lion Book*
- *The Touch Me Book*
- *The Toy Book*
- *The Zoo Book*
- *Who Lives Here?*

Platt and Munk Company
New York, New York 10010
- *ABC an Alphabet Book*
- *Baby's First Book*
- *Baby's First Toys*
- *Baby's Things*
- *Look Baby Object Book*
- *Our Animal Friends*
- *Things to See*

Harper and Row Publishers
49 East 33rd Street
New York, New York 10016
- *Good Night Moon*

Bowmar
622 Radier Drive
Glendale, California 91201
- *Evening*
- *Father Is Big*
- *How Does It Feel?*
- *Let Me See You Try*
- *Little, Big, and Bigger*
- *Me!*
- *My Tricycle and I*
- *Morning*
- *The Biggest House*
- *Things I Like to Do*
- *Through the Day*
- *Watch Me Outdoors*
- *What is a Birthday Child?*
- *Where is Home?*
- *Where is Whiffen?*

Gallaudet College Press
Washington, D.C. 20002
(in Signed English)
- *Baby's Animal Book*
- *Count and Color*

Grosset and Dunlap, Inc.
51 Madison Ave.
New York, New York 10010
- *Babies*
- *It's a Lovely Day*
- *The Hide and Seek Duck*
- *What Time Is It?*

Children's Toys and Other Learning Materials

Equally as important as the choice of good and appropriate books for young hearing impaired children is the selection of suitable learning materials. There are literally thousands of commercially-made toys sold in stores and by educational supply companies. These vary in price, durability, quality, function, and purpose and are geared for different age levels.

The staff of a Parent-Infant Program should choose materials which will stimulate and encourage language development as well as allow for creative use by the adult and the child. Materials should be completely safe and selected with the child's age level and overall abilities in mind. When trying to select quality learning materials for the Parent-Infant Program, prior knowledge and experience with certain toys and a perusal of catalogues may be helpful. For those toys with which one has had little or no experience, the following questions might be considered before the selection is made:

- Is this toy (or other learning material) geared to the age level of the child?
- Will this toy allow for the maximum development of language?
- Will the child learn an appropriate age-related skill by using this toy or experimenting with this media?
- Is this toy safe for the very young child?
- Is it durable?
- Will it "grow" with the child's language development and interests?
- Can it be used in a variety of ways?
- Is the product worth the price?

Selection of learning materials may be made (1) in terms of different skills, such as motor, manipulative, or cognitive; (2) according to types of activities, such as dramatic play, music and rhythm, or household activities; and/or (3) on the basis of specific age groups, such as infants, toddlers, or two-year-olds.

As learning materials need not always be commercially-made or elaborate creations, it is also important to utilize everyday items. A great deal of imagination and language may be elicited when using such items as empty milk or egg cartons. Pots and pans are longstanding favorite playthings, and much can be learned by using household utensils. The important thing is that the program staff develop the expertise necessary to recognize the learning and language development potential of all different materials. A list of suggested toys (and other learning materials) to help in the initial stages of purchasing materials for a Parent-Infant Program follows:

Children's Toys and Other Learning Materials

ART
Blunt scissors
Chalk and chalkboard
Collage materials
Crayons (large)
Finger paint
Paper
Paste
Play Doh

COGNITION
Boxes and containers
Busy box
Colored beads
Colored blocks
Developmental Learning Materials
Form knob puzzles
Nesting toys
Pegboard set
Picture sequence cards
Puzzles
Size and shape puzzles
Stacking toys
Toys with shapes
Flannel board
Flannel board stories
Body concept materials

COOKING
Appliances
Bowls
Containers
Eggbeater
Food supplies (e.g. pudding mix, jello, cookie mix, peanut butter)
Pitcher
Plastic dishes
Pots and pans
Wooden utensils

DRAMATIC PLAY
Dolls (washable)
Doll clothes
Doll furniture
Family figures
Hand puppets
Hats, shoes, adult clothing
Housekeeping toys
Mirror (full length)
Tea set and dishes
Telephones
Toy animals (rubber, wooden, stuffed)
Vehicles (cars, trucks, boats, airplanes, buses)

MOTOR
Balance beam
Balls (various sizes)
Bean-bags
Climbing equipment
Construction toys
Pounding bench
Push-pull toys
Steps
Wagon

MUSIC AND RHYTHM
Autoharp
Bells
Cow bells
Cymbals
Drums
Horns
Piano
Radio
Record player
Records (rhythms, marches)
Rhythm sticks
Sand blocks
Tambourines
Triangles
Xylophone

Parent-Child Sessions

Parent education can be most directly provided for during **individual parent-child sessions** with the counselor/teacher. These sessions form a significant part of a Parent-Infant Program because they allow for the development of specific parent-centered and child-centered objectives in an organized, sequential manner. Ideally, parent-child sessions should, at least for an initial period, be conducted in the **family's own home**—the child's most familiar and natural environment. Alternatively, sessions can be held in a **demonstration setting** such as the one described in the section on *Facilities*. Sessions should be scheduled for at least an hour, with time allotted following each session for the anecdotal recording of impressions and results. These comments can prove valuable in the formation of future strategies and in the writing of periodic progress reports. The frequency of these sessions will depend on scheduling factors as well as the extent of responsibility delegated to and assumed by the parents.

Although the philosophy inherent in a **parent-centered program** dictates that parents should be present at and participate in each individual session, specific family situations must be considered. Siblings and other people living in the home should be included in some of the sessions so that they can become directly involved in the ongoing educational process. Early morning, evening, or even weekend sessions may be necessary from time to time to insure that both parents have the opportunity to observe and learn directly from the teacher. If a babysitter or other parent-surrogate cares for the infant during the day, it is advisable to involve that person in the lessons as well. The concept of the **extended family** must be applied in many cases and will prove beneficial to the developing infant.

Each session might begin with a **hearing aid check**—an essential component to an effective program of audiological management. The parent can assume increased responsibility for "trouble-shooting" the aid under the guidance of the teacher.

Demonstration teaching, including parent involvement, is another area included in the parent-child sessions. Activities should be based on achieving the special goals and objectives proposed for each child and should be based on the interests and needs of the individual child. In addition, they should provide for a wide range of cognitive experiences taking into account the interrelatedness of speech, language, and auditory development. Each session might include time for household and auditory awareness activities and storytelling. The role of the parents in providing the necessary linguistic model for their hearing impaired child should be emphasized and developed. **Parent education** should also be provided in the individual sessions and may take the form of imparting information, or responding to parents' questions and concerns, as appropriate.

It is always important to give parents sincere praise and encouragement throughout the sessions. A positive attitude on the part of professionals can do much to increase motivation and confidence and will prove a powerful source in the development of stronger, more effective parents.

The following **Home Demonstration** form has been found useful for recording strategies used to achieve designated goals and objectives for each family. Space is provided for recording the vocabulary and language structures to be emphasized during each activity.

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Home Demonstration

Child's Name _____ Date_____ Time _____ Tutor_____

Hearing Aid

1. Came wearing aid ___
2. Aid working properly ___
3. Aid used during session ____
4. Repairs needed_____

_____

_____

Goals and Objectives

1. For child:
2. For Parents:

Strategies for Achievement

ACTIVITIES	LANGUAGE MODEL	COMMENTS
1. Household Activity		
2. Auditory Training		
3. Storytelling		

Parent Conference

Parent Participation

1. Persons Accompanying Child
2. Extent and Quality of Involvement (e.g. observation only, speech and language usage, handling of materials, management of child)
3. Concerns and Questions
4. Handouts
5. Homework Assignment

P.I. #14-75

As the parents develop increased skill in communicating with their child and the child becomes ready for more specific training in speech, language, and audition, the lesson can be designed to include the following activities: (1) general conversation, (2) receptive language, (3) expressive language, (4) speech, (5) auditory training, and (6) story-telling. This format can also be used during supplementary individual tutoring sessions if and when a child is placed in a preschool situation. The following **Parent-Child Session** form is suggested as a possible lesson plan outline for these more inclusive sessions:

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Parent-Child Session

Child's Name_____ Date_____ Time_____ Tutor_____

Hearing Aid

1. Came wearing aid ___
2. Aid working properly ___
3. Aid used during session ____
4. Repairs needed _____

_____

_____

Goals and Objectives

1. For child:
2. For parents:

Strategies for Achievement

ACTIVITIES	CHILD'S RESPONSE	COMMENTS
1. General Conversation		
2. Receptive Language		
3. Expressive Language		
4. Auditory Training		
5. Speech		
6. Cognitive Development		
7. Storytelling		

Parent Conference

Parent Participation

1. Persons Accompanying Child
2. Extent and Quality of Involvement (e.g. observation only, speech and language usage, handling of materials, management of child)
3. Concerns and Questions
4. Handouts
5. Homework Assignment

P.I. #6-75

Home Assignments

To increase parent responsibility for and involvement in the continuous, ongoing teaching process of developing language and listening skills in their hearing impaired child, home assignments can be given to the parents following each parent-child session. These might include suggestions for: (1) developing sound awareness, (2) providing appropriate language input, (3) encouraging verbal responses, and (4) involving the child in the daily routine through participation in the household activities, as demonstrated during the parent-child session.

A handout of *Suggested Areas for Stimulating Infant Speech and Language Development*, such as the one included in this section, can serve as a starting point for parents in planning activities. A handout of *Suggested Household Activities* directed toward the toddler is also included. As parents begin to understand the concept of home training, they will be able to suggest additional activities which will be meaningful and of interest to their child.

Specific household activity sheets can be made available to the parents following a particular home demonstration session and can serve as a guide or reminder for following through at home with similar activities during the week. Sample phrases and sentence patterns can be provided on these handouts and should include short and linguistically appropriate models for use with children below the age of 3 years.

A *Home Activity Worksheet* can also be provided to help the parents organize and record their own activities and later evaluate their reactions and those of the infant to the activities.

Suggested Areas for Stimulating Infant Speech and Language Development

Feeding Your Baby

***Changing Your Baby**

Bathing Your Baby

Playing with Baby
- Vocal play
- Mirror play
- Playing with objects (e.g. busy-box, beads, blocks, stuffed animals)
- Playing with noisemakers (e.g. rattles, squeak toys, music box, musical mobiles)
- Finger and clapping games (e.g. Patty-cake, This Little Pig)

Rhythmic Play
- Swaying to music
- Clapping to music
- Singing
- Listening to music

Body Awareness Activities
- Stretching games
- Lifting arms and legs
- Touching body parts

**Indicates an area for which an activity sheet is included in this section.*

Suggested Household Activities

Cooking
Making toast
Making chocolate milk
*Making orange juice
Baking cookies

In the Dining Area
Clearing the table
Dusting the table
Setting the table

In the Bedroom
*Making the bed
Sorting clothes
Getting dressed/undressed
Putting away toys

In the Yard
Raking leaves
Watering the flowers
Washing the car

In the Kitchen
Putting away groceries
Washing/drying dishes
Sweeping the floor
Doing the laundry

In the Living Room
Dusting the furniture
Washing a window
Vacuuming

In the Bathroom
Brushing teeth
Washing hands and face
*Taking a bath
Cleaning the mirror

Miscellaneous
Polishing shoes
Watering the plants
Feeding the dog/cat

Indicates those activities for which activity sheets follow.

Taking A Bath

It's time for your bath.

Let's turn on the water. Listen!

Oh, the water is hot! (cold)

(Undressing)

Let's get undressed.

Take off your shoes.

Take off your socks.

Take off your pants. (etc.)

(The bath)

In you go!

Let's wash your face.

Give me your hands.

I'll wash your foot.

Here's your boat. . . . .

Okay, out you go.

Let's get a towel.

Oh, it feels good!

Note: You may want to involve the child in a similar activity by bathing a favorite doll.

Changing Your Baby

Mama's coming!

Oh, you're all wet!

I'll change you.

Up you go.

Let's take your diaper off.

Here's the powder.

Mmmmm, you smell so nice!

All done.

Down you go.,

Making The Bed

Let's make the bed.

Here's the sheet.

Pull it.

Here's the blanket.

Pull it.

Let's get the spread.

Oh, My! That's hard work!

We'll get the pillow.

We're all done. Thank you.

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Making Orange Juice

Materials:

Frozen orange juice (pull-type can)

Container of water

Blender (or pitcher and wooden spoon)

Glasses

Conversation:

Let's make some orange juice.

Here's the can. Ooo it's cold!

We'll open it. Pull. (the tab)

Pour it in the blender.

We need some water.

Pour the water. Get some more.

Turn the blender on. Push the button.

Oh! that's loud.

Turn it off. Push the button.

Here's a glass. Pour in the juice.

Mmm, it's so good! You made good orange juice.

Note: Blenders are useful for developing auditory awareness *but a pitcher and wooden spoon can be used equally as well in the above activity.*

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Home Activity Worksheet

Child's Name _____ Age _____

1. Describe the type of activity (feeding, dusting, making orange juice, etc.)

2. List the materials used (dustcloth, water, refrigerated dough, etc.)

3. Evaluate the activity in terms of:

   A. your use of language
   B. child's reaction to the activity
   C. your reaction to the activity

	ACTIVITY	MATERIALS	EVALUATION
FIRST DAY			
SECOND DAY			
THIRD DAY			
FOURTH DAY			
FIFTH DAY			

Adapted from: John Tracy Clinic Form #t-96

P.I. #15-75

Parent's Notebook

The parents should become accustomed to writing their comments and observations. This will help them to see the progress of their children as well as their immediate needs and will aid the counselor/teacher in planning future sessions. The following sample sheet includes suggestions to parents for organizing their own notebooks.

Keeping A Record. . . . .

Keeping a running record of the things you do and of the way your child responds is a very worthwhile thing to do. It is not easy to get in the habit of writing down your comments and observations, but it will help you and the teacher in seeing progress and in planning lessons.

Starting A Notebook . . . . .

Some parents find a ringed notebook useful for adding activity sheets and copies of articles, as well as the homework assignments and written comments.

Writing Your Comments . . . . .

Write the date for each entry. Then think about the things you have noticed during the day. You want to write about some of the following:

HEARING AIDS

How long did your child wear the hearing aids today?
Did your child enjoy wearing them?
Did your child seem to listen better or babble more?
Was it an off day and was your child unhappy about wearing the aids? If so, why?

ATTENTION

Did your child look toward your face when you talked to him/her during play?
Sometimes? All the time? Not at all?

LISTENING

Did your child seem to notice any new sounds today? The doorbell?
Stereo? Washing machine? Dog barking?
Jet airplane from outside?

LIPREADING

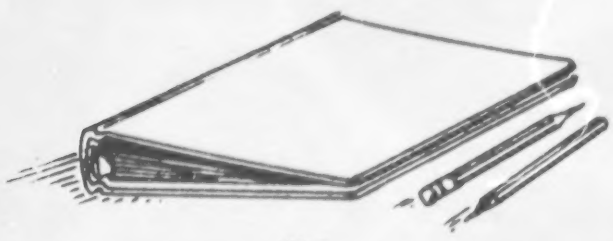
Did your child seem to understand any words or phrases?

SPEECH

Did your child make any vocal sounds?
Did your child imitate your mouth movements, babbling sounds, words?

GAMES AND ACTIVITIES

How did your child enjoy the activity?
Would it have been better to do it another way?
Was it too easy?
Too hard?
About right?



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Parent-Discussion Sessions

The first few years of life when the home and family are the focal point of the child's environment are critical and formative. This is an especially important time for parents of hearing handicapped children to receive the guidance and help so necessary for them to enhance this development. Often the family of a hearing impaired child has had little or no previous experience with the implications of a hearing impairment and therefore has limited resources in dealing with the realities of such a problem.

One of the major responsibilities of a Parent-Infant Program is to guide parents toward an understanding and knowledge of their child as an individual and the implications of hearing impairment. This responsibility can take the form of (1) *parent guidance* and (2) *parent education.*

At the time of their enrollment in the program, parents should be made aware that their participation and active involvement in these aspects of the program are strongly encouraged. In order to insure that the parent-discussion sessions are significant, relevant, and of interest to them, an assessment of parental needs should be conducted. The rating scale on the following pages represents one approach toward ascertaining what the parents themselves see as their priorities.

Parent Meeting Format

Based on the analyzed results of a parental priorities rating scale, parent meetings can be arranged to meet the expressed needs of the parents. These meetings may take one or several of the following formats:

- evening meetings once a month
- an initial all-day workshop followed by evening meetings once a month
- a series of weekly evening meetings scheduled at regular intervals throughout the year
- weekly or monthly mothers' sessions
- weekly or monthly fathers' sessions
- periodic informational meetings, as needed, to demonstrate teaching techniques, to view videotapes and/or to further develop topics begun during any of the regularly scheduled meetings.

Factors to be considered when planning for parent meetings include:

- location
- starting time
- length of meetings
- refreshments
- baby sitters
- sign language interpreters (if necessary)
- invited specialists
- audiovisual media
- transportation
- program announcements

Each parent meeting should include time, not only for the presentation of information, but also for parents to express their concerns, to get to know one another, and to share ideas. Getting-acquainted activities, such as those included in this section, might be useful in creating a relaxed, open atmosphere for facilitating discussion of feelings and attitudes. A parent leader, counselor, psychologist, or other professional with skill in group counseling might be invited to conduct this portion of the meeting. In cases where individuals experience difficulty relating within a group setting, individual sessions may be more advisable. Appropriate referral should be made when parents give indication of emotional problems of a more serious nature.

Illustrations follow in this chapter, of a schedule of evening meetings for *The Family Discussion Series* and a program for an all-day *Parent Workshop* which were developed by the Parent-Infant Program for the Hearing Impaired in Prince George's County.

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

PARENTAL PRIORITIES RATING SCALE

Parent's Name: _____ Date: _____

Date of Enrollment: _____ Mother ☐ Father ☐

We would like to enlist your help in planning topics for the Family Discussion Series. Please consider each of the following suggested topics in terms of its interest and concern to you at this time.

Rating Scale: 1 - not interested
2 - a little interested
3 - interested
4 - very interested
5 - extremely interested

Please place a circle around the appropriate number on the basis of the above rating scale:

1. Hearing and Deafness — 1 2 3 4 5
   - What is a hearing loss?
   - What does an audiogram tell us?

2. Hearing Aids — 1 2 3 4 5
   - How does a hearing aid work?
   - What can I expect my child to hear?

3. Auditory Training — 1 2 3 4 5
   - How can I help my child learn to listen?

4. Speech and Language — 1 2 3 4 5
   - When will my child learn to talk?
   - What can I do to help?
   - What problems does the hearing impaired child have learning language?
   - How can we help with lipreading?

5. Child Management — 1 2 3 4 5
   - Discipline - what are the best ways?
   - What about toilet training?
   - What about my other children?

6. Feelings and Attitudes — 1 2 3 4 5
   - How do I feel about my child?
   - How do other parents feel?
   - What will people think?

7. The Family and The Home — 1 2 3 4 5
   - What part does the family play in the life of a hearing impaired child?
   - What activities can we do at home?

Parental Priorities Rating Scale

8. Means of Communication 1 2 3 4 5
   What are sign language and fingerspelling?
   What is the "oral/aural" approach?
   What is "total communication"?

9. My Child's Future 1 2 3 4 5
   What school programs are available?
   What will my child be like?
   Could we meet some older hearing impaired children?

10. Other Topics or Concerns, Please comment:

11. I prefer parent meetings to be:

☐ in the morning ☐ in the afternoon

☐ in the evening ☐ on the weekend

12. The best days for me are:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Saturday ☐ Sunday

13. In addition to regularly scheduled parent meetings for both parents, I would be interested in:

☐ meetings for mothers only ☐ meetings for fathers only

Please return this form as soon as possible to a staff member or mail to:

Parent-Infant Program for the Hearing Impaired
John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

Thank you for your help and comments.

Prince George's County Public Schools

UPPER MARLBORO, MARYLAND 20870 • TELEPHONE 301 627-4800

PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

The Family Discussion Series

October	Hearing, Deafness, and Auditory Training
November	Auditory Training and Hearing Aids
December	Language Development through the use of Appropriate Toys, Pictures, and Books
January	Child Management and Feelings, Part I
February	Child Management and Feelings, Part II
March	Language and Auditory Activities at Home
April	Your Child and Mine (presented by the mother of a hearing impaired teenager)
May	Communication and School Placement

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PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Parent Workshop

9:30	Welcome (coffee and donuts)	Staff	Room 8
9:45	Getting Acquainted	Parent Leader	Room 8
10:15	Introduction and Program Overview	Staff	Room 8
10:45	Coffee Break		Room 8
10:50	Your Child's Hearing Aid	Audiologist	Room 8
11:20	Feelings and Attitudes	Parent Leader	Demonstration Room
12:00	Luncheon		Room 14
12:45	Helping Your Child Learn Language	Staff	Room 8
1:45	Panel and Open Discussion	Parent/Teacher Deaf Adult	Room 8
2:45	Evaluation	Parent	Room 8
3:00	Adjournment		

Getting Acquainted Activities

Essentials:
Room to move around for some activities.
Name tags and seating arrangement so everyone can see everyone else!

1. Have each person pair with someone he does not know and interview him. (See accompanying sample interview sheet.) Allow about ten minutes for interviewing. After five minutes, tell them to change roles if they have not already done so. Then go around the group and have each person introduce his partner to the rest of the group. This activity gives each person a chance to get to know one other person well, and gives the group a chance to learn something about everyone, including those people who are uncomfortable talking about themselves in front of a group.

2. Have each person pair with someone he doesn't know and chat for a few minutes until they find something they have in common. The leader goes around and asks each pair to tell what they have in common. Then each pair is asked to join another pair and find something all four of them have in common. These things are then shared with the total group. If time and size of group permit, groups of eight may be formed and the activity repeated.

3. Sit in a circle. The leader begins by giving his/her name and saying that each person will be asked to share two things about himself and then the total group will be allowed to ask one question of each person. The leader then shares two things about himself and asks for one question from the group. The person next to the leader does the same and the activity continues around the circle.

4. Bring a large assortment of pictures cut from magazines. Pass them around and ask everyone to select a picture showing how he feels right then or a picture he likes for some reason. Then go around the circle, having one person at a time show his picture and let the group guess why it was chosen. The person says whether they are right and gives his reason for selecting that picture. The next person takes a turn, etc.

5. Have large name tags made of a one-half sheet of construction paper. Ask each person to write in four corners: favorite book, secret ambition, something he is good at doing, and what part of being a parent makes him feel most successful. Then ask people to circulate, find someone with the same or similar things on his name tag, chat briefly, then move on to find someone else with the same thing written in his corners. Encourage each person to meet as many people as possible.

Evaluation of Meetings

Each meeting should include a time for evaluation. The following form suggests a manner for directly involving the parents in the evaluative process. The results of the parent's evaluations will indicate the desirability and manner of presentation for further sessions on a particular topic.

In addition to evaluating individual parent meetings, an assessment of the total parent education program is advisable in order to determine whether the parents' needs were met. This assessment could take a form similar to the individual parent meeting evaluation, or items directly relating to the parent education phase of the program could be included on the end of the *Program Evaluation.* (See *Program Evaluation* section.)

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PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

End of Meetings Evaluation Form for Parents

Topic Discussed _____

Date _____

Please check the appropriate box.

	YES	NO
1. Did you like the manner in which this topic was presented?	☐	☐
2. Would you like to have more sessions on this topic?	☐	☐
3. If so, would you like the same type of presentation this time?	☐	☐
4. Did we spend too much time on this topic?	☐	☐
5. Do you feel it was worthwhile for you to attend this meeting?	☐	☐

6. Additional comments:

Preschool Placement

In developing a broad array of services to meet the needs of each hearing impaired child, it is important for program personnel to become aware of the various possible preschool placements that can be provided either concurrent with or subsequent to a child's enrollment in a Parent-Infant Program. Although such placement may not occur at the outset of the program, the total framework of services must be kept in mind in order to insure continuity and sequentiality. With an awareness that options vary according to the county or school district, a list of possible placements follows. Ongoing assessment of each child's individual strengths and areas of need will help to determine the appropriate utilization of these options.

Concurrent Placement

Hearing impaired children 2½ years of age and older, who make good use of their communication skills and who might benefit most from contact with normally hearing children, can be placed in **regular nursery settings**, with a teacher who is specifically trained in early childhood education. It is essential when such placement occurs that the special techniques so necessary to use with the hearing impaired child be imparted to the nursery teacher and that supportive services to this teacher, the child, and the parents be provided by the special teacher. Ongoing and careful observation of the child in the nursery setting, conferences with the teacher, and individual tutoring for the child with the parents present, will help to insure the development of auditory and language skills.

An **integrated hearing/hearing impaired nursery class** is another way of providing a normal nursery environment for the hearing impaired child. This type of class could be arranged through additional Special Education or Parent-Infant Program funds, and should be housed in the same facility as the Parent-Infant Program. Neighborhood children with normal hearing who would serve as good language and behavior models could be selected to participate. The teacher of such a class should have a dual background in early childhood education and education of the hearing impaired, and will thus be equipped to offer a program for the development of the "total" child with a concentration on language and auditory stimulation. Supportive services to the hearing impaired child can take the form of supplementary individual tutoring sessions with the parents present for more specific and individualized development of language and audition. These tutoring sessions may be held three to five times per week, depending on the needs of the child.

Informal **play groups** for the hearing impaired child, under 2½ years of age, may be scheduled on a weekly basis. This could be done within the Parent-Infant Program facility and conducted by the teacher of the hearing impaired for the purpose of providing an opportunity for socialization as well as for presenting brief group activities.

Subsequent Placement

Hearing impaired children who make good use of their communication skills, who are between three and five years of age, and who have shown that they can benefit from placement in a **regular nursery school**, should have the opportunity to continue in such a setting. Supportive help should be provided by a hearing therapist or teacher of the hearing impaired from the local school district and should take the form of (1) observation of the child and consultations with the nursery teacher regarding the child's progress and needs, as well as reciprocal program planning; (2) individual tutoring sessions with the parents present, to aid the child's development of speech and language skills; and (3) participation in case conferences with the nursery teacher, parents, and pertinent school personnel regarding the child's present and future school placement.

Placement in an **integrated hearing/hearing impaired class** should be continued for the preschool child three to five years of age who would benefit from being with normally-hearing children, yet needs more intensive auditory and language stimulation. The teacher of this type of class should be able to provide a general child-oriented preschool curriculum with a focus on specific techniques necessary for use with hearing impaired children. A hearing therapist or itinerant teacher of the hearing impaired may be provided as an optional source to augment the child's communicative abilities. This type of classroom could be an adjunct to the school system's already existing programs for the hearing impaired.

The county or school district may offer a **self-contained** preschool class for hearing impaired children who require a more structured and/or individualized approach to learning. A class of this nature would be small in number and thus allow the teacher to give greater attention to the individual needs of each pupil. Partial integration with normally-hearing children could be provided during activities such as free play, physical education, and lunch. The teacher of this type of class should be a certified teacher of the hearing impaired with a background in early childhood education.

Program Evaluation

An important objective in a Parent-Infant Program is the ability to accurately account for the progress of all phases of the program. Ongoing evaluation of the determined goals and objectives for both parents and children will indicate strengths, weaknesses, appropriateness, and effectiveness of these strategies for periodic program revision and will also serve as the basis for a complete assessment of the total program. Many federally- or state-funded programs require that an evaluation form be completed by personnel at the year's end. While this may be optional, the State of Maryland, as well as most other states, is holding educators increasingly more accountable for ongoing educational programs.

Included with this section are two forms to aid in the assessment procedure.

1. The *Program Evaluation* form, completed by parents, should reflect overall feelings of parents about the program and should be given at the end of the year. The results of these, plus the other evaluative tools, should not only reflect basic progress and effectiveness of a Parent-Infant Program, but should also give indication of procedures to change or refine for future years.
2. A *Self-Evaluation Appraisal* form used by personnel in Prince George's County to assess their own strengths and needs is also included. An individual conference with the appropriate supervisor follows the completion of this form.

Videotaping represents another means of illustrating change in behavior and may be employed by program personnel both as a teaching and as an evaluative technique.

Frequently held meetings where the staff can exchange information; cite observations; critique themselves and each other; and discuss past, present, and future plans should provide the opportunity necessary for constructive criticism through open communication. Only by constant awareness of current goals and objectives for each parent and each child and by continual updating and revision of these goals and objectives will the staff function as a growing and effective interdisciplinary team.

Note: Additional evaluative instruments are found in the sections on Information Gathering, Diagnostic Process, *and* Parent Education.

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PARENT-INFANT PROGRAM FOR THE HEARING IMPAIRED

Program Evaluation

Length of Enrollment _____ Today's Date _____

We are in the process of evaluating our entire program and planning the program for next year. We would appreciate your help in evaluating the present effectiveness of the program and in sharing with us any ideas or suggestions you may have. Our purpose is to be able to offer the best program that meets the needs of your child and of you as parents.

Rating Scale:
1 - no help
2 - a little help
3 - helpful
4 - very helpful
5 - extremely helpful

Please answer each question by placing a circle around the appropriate number on the basis of the above rating scale:

1. How helpful do you consider our home visits? 1 2 3 4 5
   In what ways? _____

   _____

2. How helpful do you consider our demonstration room visits? 1 2 3 4 5
   In what ways? _____

   _____

3. How helpful do you consider our emphasis on parent observation and participation in the individual sessions? 1 2 3 4 5
   In what ways? _____

   _____

4. How helpful do you consider our evening parent information meetings? 1 2 3 4 5
   In what ways? _____

   _____

5. How helpful were your meetings or conversations with other parents in our program? 1 2 3 4 5
   In what ways? _____

   _____

6. How helpful were your meetings or conversations with invited professionals? 1 2 3 4 5
In what ways? _____

_____

7. How helpful do you consider our coordination with outside audiological services and hearing aid care? 1 2 3 4 5
In what ways? _____

_____

8. How helpful were we in providing parent guidance during our individual sessions? (answering questions, listening to your feelings and concerns, providing support and encouragement, referring to other sources) 1 2 3 4 5
In what ways? _____

_____

9. How helpful were we in introducing your child to his/her hearing aid and encouraging its use? 1 2 3 4 5
In what ways? _____

_____

10. How helpful were we in providing you with techniques for developing your child's interest in and awareness of sounds? 1 2 3 4 5
In what ways? _____

_____

11. How helpful were we in providing you with activities for stimulating your child's speech and language development? 1 2 3 4 5

12. How helpful were we in providing you with appropriate language to use with your child in everyday situations? (bathing, dressing, eating, playing, etc.) 1 2 3 4 5
In what ways? _____

_____

13. How helpful were we in providing you with ways of developing your child's awareness of and interest in communicating? 1 2 3 4 5
In what ways? _____

_____

14. How helpful were we in helping you select appropriate materials for developing your child's curiosity and interest in learning? (puzzles, books, toys, household items) 1 2 3 4 5
In what ways? _____

_____

15. How helpful were we in encouraging you in your child's personal and social development? (behavior, socialization, independence) 1 2 3 4 5

16. What do you feel have been the strengths of our program this year?

_____

_____

_____

17. What changes or improvements would you like to see in our program?

_____

_____

_____

18. What additions to our services would you like to see next year?

_____

_____

_____

Your help in evaluating our program is greatly appreciated. Please return this evaluation form as soon as possible to:

Parent-Infant Program for the Hearing Impaired
John Carroll Elementary
1400 Nalley Terrace
Landover, Maryland 20785

Please feel free to add any additional comments you feel might be useful:

Adapted from Richmond, California, Unified School District, Knolls Language Development Center, Experimental Program for the Hearing Impaired, C-3 and The Utah Questionnaire.

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS • UPPER MARLBORO, MARYLAND

Self-Evaluation and Appraisal

for Principals, Vice Principals, Central Office Staff and Other Designated Personnel

Period Covered 19____ to 19____

Evaluee _____ Assignment _____

Years of Experience Present Position _____ Total Prince George's County _____

Type of Certificate _____ Social Security No. _____

I. Areas of strength

II. Areas in need of improvement

III. Next steps

IV. Evaluator's comments

_____ _____
Date (Signature of Evaluator)

_____ _____
Date (Signature of Evaluee)

_____ _____
Date (Signature of Reviewer)

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